

Presumptive Eligibility Tool ILT

PW and CH

Presumptive Eligibility Tool ILT: PW and CH

Introduction

In this course you will learn about the:

- Goals of Presumptive Eligibility
- Basics of the PE Tool
- PE for Pregnant Women Tool
- PE for Children Tool
- Medical Consumer Self-Service Portal
- Various Administrative Features in the Tool



Agenda

- **Lesson 1: Overview**
- Lesson 2: PE Tool Basics
- Lesson 3: PE PW
- Lesson 4: PE CH
- Lesson 5: MCSSP
- Lesson 6: Administrative Features



Presumptive Eligibility Tool ILT: PW and CH

Lesson 1: Overview > PE Defined

Presumptive Eligibility (PE) is a program that provides temporary medical coverage for eligible persons at the time a medical service is provided. Only designated clinics and hospitals, referred to as Qualified Entities (QE), are able to determine eligibility for PE.

A goal of the PE program is to provide temporary medical coverage while the person successfully completes the KanCare application process.

Related to this is the PE program's ultimate goal: to enroll eligible persons in ongoing KanCare coverage.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 1: Overview > PE Defined

In addition to completing the PE determination, QE staff work with consumers to complete the KanCare application and obtain the verifications needed to determine eligibility.

The work of Qualified Entity staff is essential in meeting the goals of the PE program.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 1: Overview > PE History

Prior to the KEES project, PE determinations were completed by using a paper Tool which was then faxed into the KanCare Clearinghouse.

This changed with the creation of a web-based Tool that was implemented during Phase 1 of KEES (approximately June 2012). The Phase 1 PE Tool completed determinations for the Presumptive Eligibility for Children (PE CH) program. Populated notices and release forms were also part of the Phase 1 PE Tool. Throughout Phase 1, QE staff continued to fax notices and releases to the KanCare Clearinghouse.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 1: Overview > P2 Functionality

The Phase 2 PE Tool builds and expands upon this functionality. The main features of the new P2 PE Tool are:

- A separate PE Tool for Pregnant Woman (PE PW).
- A separate PE Tool for Adults (PE Adult).
- Data as well as the results from the PE Tool will be automatically sent to the new eligibility system, KEES.

That completes Lesson 1. This Overview lesson discussed the:

- Definition of PE
- Goals of PE
- Phase 1 PE Tool
- Phase 2 PE Tool

We will review PE Tool Basics next.



Presumptive Eligibility Tool ILT: PW and CH

Agenda

- Lesson 1: Overview
- **Lesson 2: PE Tool Basics**
- Lesson 3: PE PW
- Lesson 4: PE CH
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Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login

As mentioned in the previous lesson, the Presumptive Eligibility (PE) Tool is a web-based application. It is accessed via a URL or link on the Internet. Upon clicking the link, the Login to the PE Tool is displayed.

The screenshot shows the login interface for the KanCare Presumptive Eligibility (PE) Tool. At the top left is the KanCare logo with the text 'Home' above it. To the right of the logo is the title 'PRESUMPTIVE ELIGIBILITY (PE) TOOL'. Further right is a link for 'For Tech Support' with a headset icon and the phone number 'Call: 1-877-782-7358'. Below the header is a section titled 'Information' with a blue bar. Under this section is a list of links: 'Policy & Training', 'Customer Self-Service Portal', 'Customer Release Form', and 'Change Password'. To the right of these links is a photograph of four diverse children smiling. Below the photograph is a login form with two input fields: 'User Name' and 'Password'. Below the password field is a blue 'Log In' button. At the bottom of the page, there is a small text note: 'This website is best viewed on Internet Explorer.'

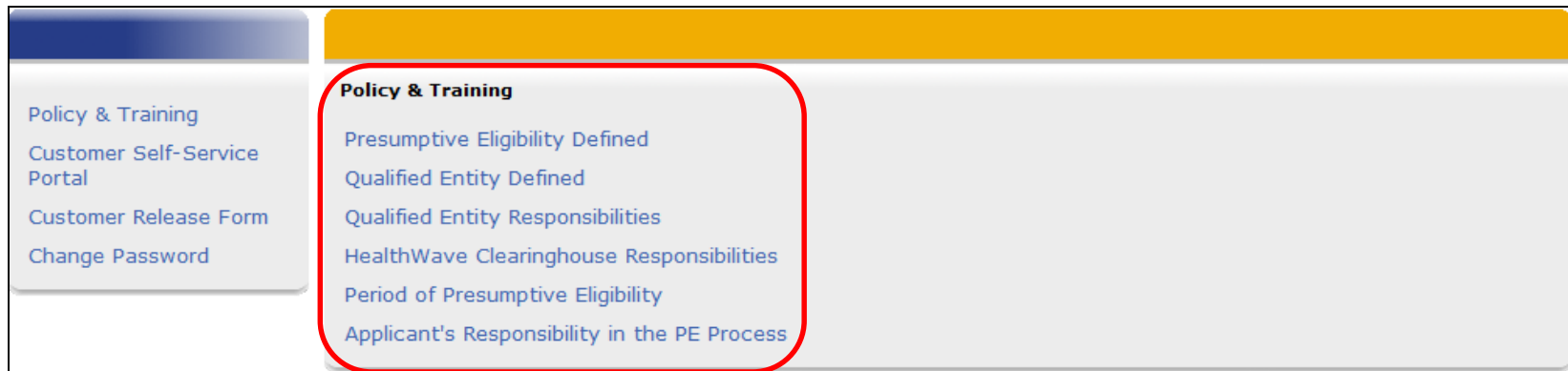
Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login Page

On this page, the following can be found:

- Username and Password Text boxes
- Links to:
 - Policy and Training
 - Medical Consumer Self-Service Portal
 - Customer Release Form
 - Change Password
- The number for Tech Support

Policy and Training is the first link on the Login page. Clicking this link navigates the user to various Policy references and mandates that pertain to Presumptive Eligibility. Each reference is a hyperlink that directs the user to the related information.



Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login Page > Policy and Training Links

The Policy and Training information will display in a separate pop-up window. Click the X at the top right-hand side of the pop up window to return to the PE Tool.

The screenshot displays the 'PRESUMPTIVE ELIGIBILITY (PE) TOOL' interface. A pop-up window titled 'DETAILS' is open, showing a sidebar with links: 'Elderly & Disabled Medical', 'Other Resources', 'Full Manual', 'Admin Login', 'Related Sites', 'KS Dept of SRS', 'KS Dept of Administration', and 'Kansas.gov'. The main content area of the pop-up displays the '1408.02 Qualified Entity Responsibilities' section, which states that staff at each Qualified Entity are responsible for identifying children who could benefit from the Presumptive Eligibility Program. It also outlines the process for making a presumptive determination, including the completion of a determination by the Qualified Entity using the online tool, the submission of an approval letter to the KanCare Eligibility Clearinghouse within 2 business days, and the provision of child verification information (adult caretaker's name, household address, child's name, date of birth, and Social Security Number) to the clearinghouse. The pop-up window has a close button (X) in the top right corner.

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Lesson 2: PE Tool Basics > Login Page > MCSSP Links


The next link is to the Medical Consumer Self-Service Portal (MCSSP). The MCSSP is a web-based application for KanCare benefits.


[Home](#)Language English [Go](#)User Name Password [Log In](#)[Forgot User Name](#) [Forgot Password/PIN](#) [Sign Up](#) [Help](#)


KanCare
MEDICAL CONSUMER SELF-SERVICE
PORTAL

Information
Links
[Contact Information](#)
[Program Information](#)
[Frequently Asked Questions](#)
[How To Use This Site](#)
[Give Us Your Feedback](#)
[Request Case Access](#)

KanCare offers coverage for: Children, Pregnant Women, Families With Children, Elderly, Adults With Disabilities and Children With Disabilities.

CHECK
Eligibility

Check to see if you may be eligible for medical assistance.

APPLY
for Medical Assistance

Apply for medical assistance

ACCESS
my KanCare

Access will be granted upon log in.

This website is best viewed on Internet Explorer.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login Page > MCSSP Links

An overview of the different sections of the MCSSP is listed below. More information about completing the MCSSP application will be discussed in Lesson 5.

Check Eligibility



A self-assessment to check for potential eligibility.

Apply for Medical Assistance



Web-based application for all medical programs.

Access my KanCare



Access to submitted MCSSP applications.


Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login Page > Customer Release Form

A blank Customer Release form can also be accessed on the login page. QE staff can use this if a Release form is needed outside the context of the PE Tool.

Please fill out the following form.
Highlight Existing Fields

Division of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Room 900-N
Topeka, KS 66612



Kansas

Click on Tools, Sign, and
Comment to access additional
features.

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov/hcfl

Robert Moser, MD, Secretary

Department of Health & Environment

Sam Brownback, Governor

In Regards to:

Client Name:

Client ID or SSN:

Authorization for Release of
Protected Health Information
Please fill in ALL Blanks

I, , hereby authorize the use of disclosure of my health information as described in this authorization.

1. Specific person/organization (or class of persons) authorized to provide the information:

Kansas Department of Health and Environment(KDHE) & Division of Health Care Finance (DHCF)
2. Specific person/organization (or class of persons) authorized to receive and use the information:
3. Specific and meaningful description of the information:
 Please describe the information you wish DHCF and DCF to disclose, for example:

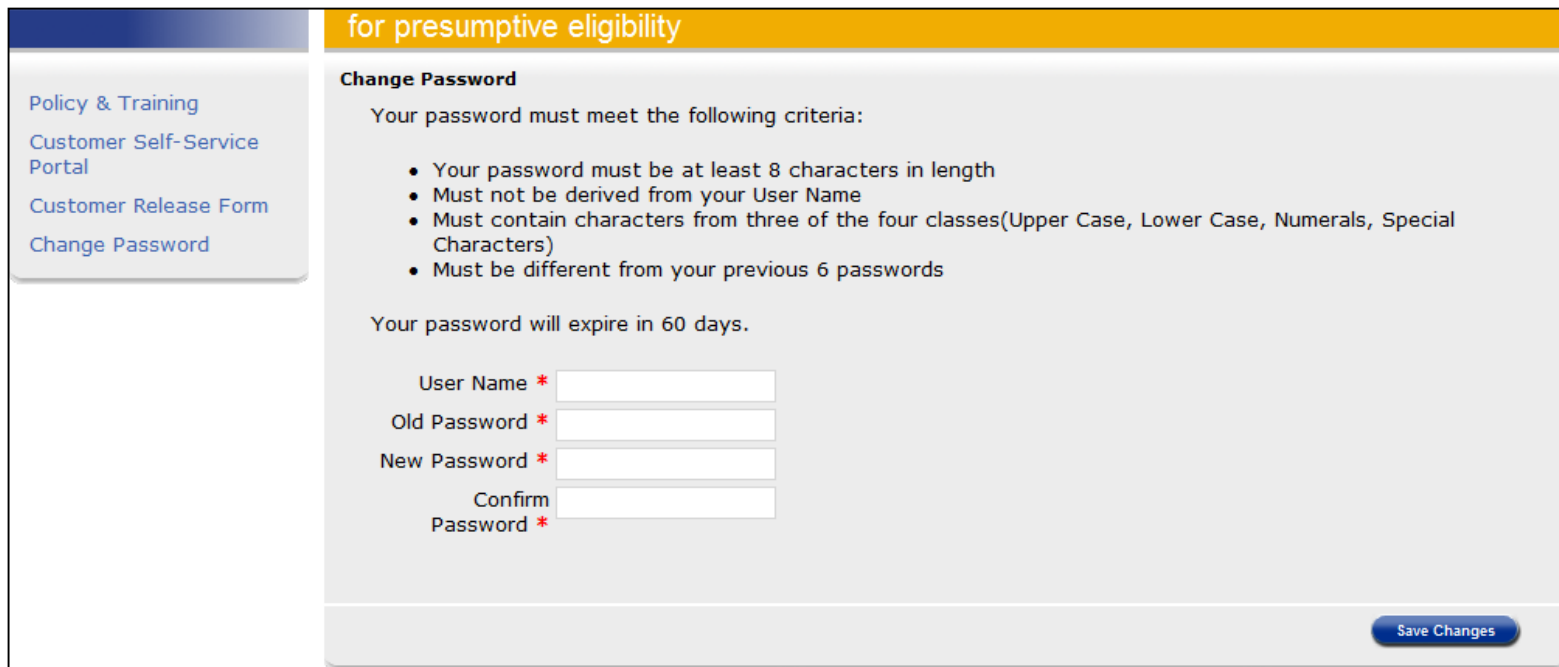
☐ Written, electronic and oral information related to eligibility for benefits for the time period commencing on
 date and continuing through date.

☐ Written, electronic and oral information including claims, reports, and other documents related to claims for benefits for an

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Lesson 2: PE Tool Basics > Login Page > Change Password Link

The last link is used to change a password to the PE Tool. When you initially log into the PE Tool it's recommended that you change your password.



for presumptive eligibility

Change Password

Your password must meet the following criteria:

- Your password must be at least 8 characters in length
- Must not be derived from your User Name
- Must contain characters from three of the four classes(Upper Case, Lower Case, Numerals, Special Characters)
- Must be different from your previous 6 passwords

Your password will expire in 60 days.

User Name *

Old Password *

New Password *

Confirm Password *

[Save Changes](#)

To change a password, the User Name, Old Password, and New Password must be entered. The New Password must be entered again in the Confirm Password field.

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Lesson 2: PE Tool Basics > Login Page > Password Criteria

The following criteria pertains to the PE Tool password:

- It needs to be changed every 60 days.
- If the password isn't changed within 60 days, it will expire and lock the QE staff out of the PE Tool.
- A message will display 15 days before the password expires.
- Contact Tech Support if your password has expired so it can be reset.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login Page > Password Criteria

Passwords to the PE Tool must:

- Be at least 8 characters long
- Contain 3 out of 4 of the following:
 - Upper Case
 - Lower Case
 - Numerals
 - Special Characters
- Differ from the previous 6 passwords
- Differ from your User Name

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login Page > Tech Support

The Tech Support phone number is the final field on the Login page to review. QE Staff need to call this number when they have technical issues, password problems, or questions regarding the PE Tool.

Home

KanCare PRESUMPTIVE ELIGIBILITY (PE) TOOL

Information

- Policy & Training
- Customer Self-Service Portal
- Customer Release Form
- Change Password

For Tech Support
Call: 1-877-782-7358

User Name

Password

Log In

This website is best viewed on Internet Explorer.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Overview Page

After logging into the PE Tool, the PE Overview page is displayed. This page provides:

- Definitions of the PE programs
- General Rules of the PE Tool
- Instructions on how to complete each of the PE Tools

We'll review the General Rules of the PE Tools next.

Home
KanCare
PRESUMPTIVE ELIGIBILITY (PE) TOOL
For Tech Support
Call: 1-877-782-7358
Logout

Information

- Policy & Training
- Customer Self-Service Portal
- Customer Release Form
- Change Password
- My PE Applications

APPLY
for presumptive eligibility

Presumptive Eligibility (PE) Overview

The Presumptive Eligibility program provides temporary coverage for specific populations. The PE Portal provides three separate tools for PE determinations. The three PE Tools are:

- PE- Adult: For adults ages 19 and above
- PE- Children: For Children ages birth - 18
- PE- Pregnant Women: For pregnant women who don't qualify for Adult or Child programs

Specific information for each of the tools is found in the information below.

General Rules about the PE Portal:

You may not have access to all PE Tools. This is based on the Qualified Entity (QE). For example, only approved hospitals have access to the PE-Adult tool.

In general, all members of a family are on the same PE case. You can navigate between tools to make PE determinations for all family members requesting coverage. Follow the buttons on the bottom of the screens.

The PE Portal requires the family to name a Primary Applicant. This is the adult head of household. The Primary Applicant is the same for all PE Tools needed for the household. Children under 18 cannot be listed as a Primary Applicant unless he or she is emancipated.

If the household consist of more than one adult who wants PE coverage, a separate PE Case may be needed. Follow these rules:

- Spouses that are living together must be on the same PE case
- Unmarried Couples that share children and are living together must be on the same PE Case
- Unmarried Couples that don't have mutual children are on separate PE cases
- Adult children (over age 18) are on a separate PE case from their parents, even if living together
- Other single adults will have their own PE case

For pregnant women, always complete the PE-Adult (if accessible) prior to completing the PE-Pregnant Woman tool.

For the PE-Adult Tool a user has the option of a **Withdrawal Request** button. The **Withdrawal Request** button serves as an exit for an applicant who does not wish to provide required information, or does not wish to continue with the application process. If the user clicks the **Withdrawal Request** button the PE Tool navigates to the results page which will show a denial. Accepting the denial result generates a denial notice for the applicant.

The PE Tools are designed to use information gathered from a consumer to determine eligibility for the Presumptive

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > PE Overview > General Rules

QE Staff may not have access to all of the PE Tools.

The PE Adult Tool will only be provided to approved hospitals.

In most situations, all family members should be on the same PE case.

Navigate between the Tools to complete determinations for all family members.

When multiple family members apply for PE the Tools must be completed in a specific order.

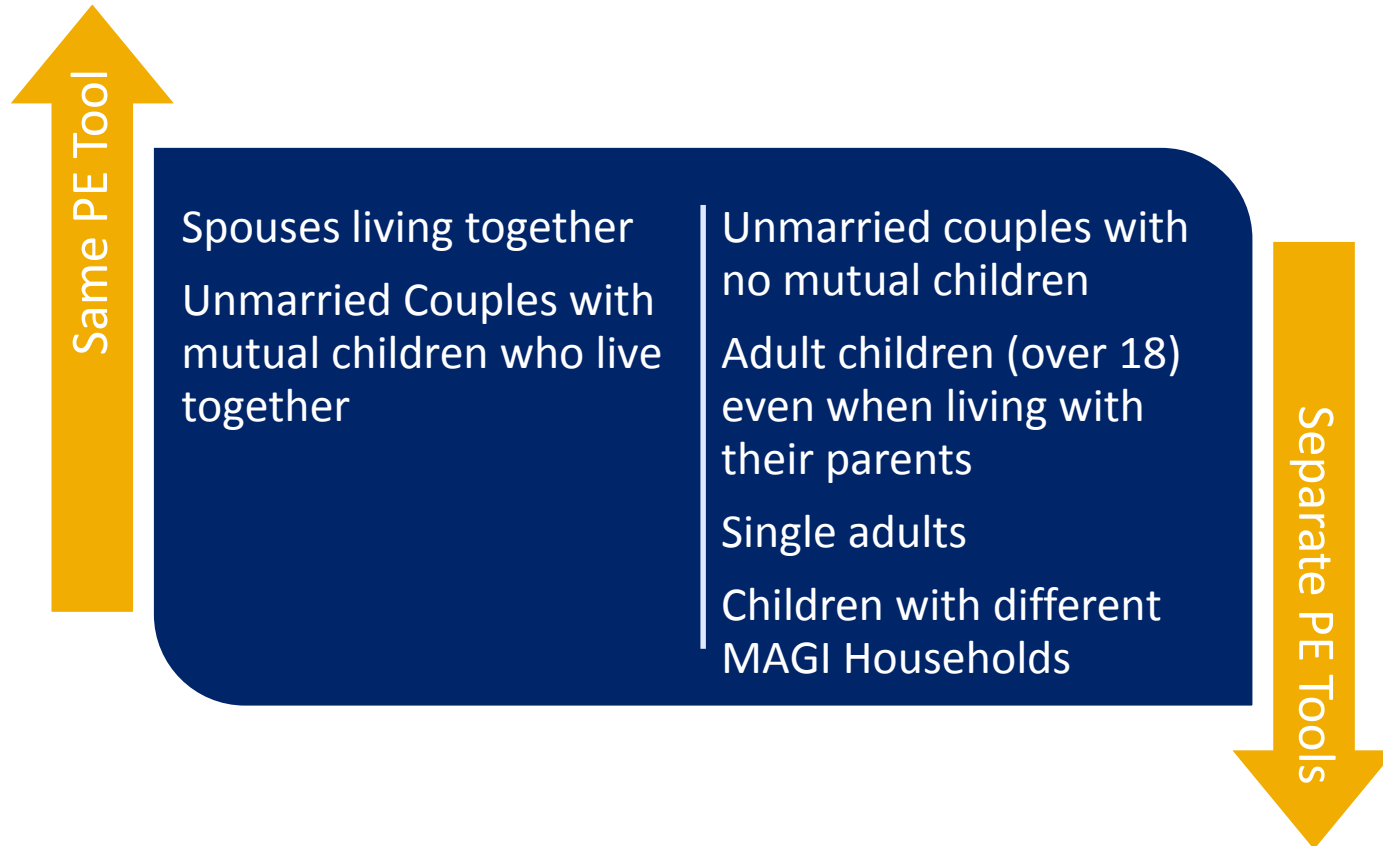
The order to follow when using multiple Tools for a single household is
PE Adult > PE PW > PE CH

A Primary Applicant is needed for all PE Tools.

The Primary Applicant must be the same for all PE Tools completed for a household.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > PE Overview > General Rules



Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Primary Applicant Defined

In some situations, there will need to be more than one PE Tool completed for multiple children in the same home.

Each child's determination is based on their own MAGI household, as explained in the PE Child Policy instructions.

In situations where the children in the home have different MAGI households, such as when the children are not siblings or have different parents living in the home. In these situations, separate PE Tools should be completed.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Primary Applicant Defined

Primary Applicant Information is the first page for all of the PE Tools. This page is used to gather information regarding the person, parent, or caretaker who is the head of the household. The Primary Applicant may be applying for themselves and/or on behalf of others in their household. As stated earlier, the Primary Applicant is the same when multiple PE Tools are needed for a single household.

Primary Applicants are:

- Adults
- Legally Emancipated Minors

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Primary Applicant Information

The screenshot shows the 'PE DETERMINATION SITE' page. The top navigation bar includes 'Home', 'ELIGIBILITY (PE) TOOL', and 'For Tech Support Call: 1-877-782-7358'. A left sidebar contains links: 'Policy & Training', 'Customer Self-Service Portal', 'Customer Release Form', 'Change Password', and 'My PE Applications'. The main form area is titled 'Primary Applicant Information' and contains the following fields:

- Qualified Entity Staff:** Christie Jacob
- Qualified Entity:** Via Christi-St. Francis
- PE Determination Site:** Select One
- Date of PE Application:** 05/05/2015
- First Name ***, **Middle Initial:**, **Last Name *** (text input fields)
- Social Security Number:** (text input field)
- Date of Birth: *** (text input field)
- Gender:** ☐ Male ☐ Female
- Address Line 1 *** (text input field)
- Address Line 2:** (text input field)
- City ***, **State *** (dropdown menu), **County:** (dropdown menu), **Zip Code *** (text input field)
- Home/Alternate Phone Number:**, **Cell Phone Number:**, **Work Phone Number:** (text input fields)
- Is this person applying for PE? *** ☐ Yes ☐ No
- Which would you like to start an application for?**

At the bottom, there are three buttons: 'PE-Adult', 'PE-Children', and 'PE-Pregnant Women'.

Callouts:

- Yellow callout (top left):** The QE Staff and QE auto-populate based on the user's login information.
- Blue callout (top right):** Select the appropriate PE Determination Site.
- Yellow callout (middle):** The Date of PE Application only populates after the Results have been accepted.

The following information is needed for the Primary Applicant Information page:

- First and Last Name
- Date of Birth
- Gender
- Address
- Applying for Self

Providing a Social Security Number is optional.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Primary Applicant Information

Once the Primary Applicant Information page has been completed, you will need to choose which PE Tool to complete.

The PE Adult button will only display for QE staff working at hospitals who have also attended the necessary training for this program.

Our next lesson will focus on the PE PW Tool.

The screenshot shows a web form titled "for presumptive eligibility" with a sub-header "Primary Applicant Information". The form contains the following fields and sections:

- Qualified Entity Staff:** Text input field with "Christie Jacox".
- Qualified Entity:** Text input field with "Via Christi-St. Francis C".
- PE Determination Site:** Dropdown menu with "Select One".
- Date of PE Application:** Text input field with "05/05/2015".
- Personal Information:** Fields for First Name, Middle Initial, Last Name, Social Security Number, Date of Birth, and Gender (Male/Female).
- Address:** Fields for Address Line 1, Address Line 2, City, State (dropdown), County (dropdown), and Zip Code.
- Phone Numbers:** Fields for Home/Alternate Phone Number, Cell Phone Number, and Work Phone Number.
- Application Status:** Radio buttons for "Is this person applying for PE?" (Yes/No).
- Next Steps:** A question "Which would you like to start an application for?" with three buttons: "PE-Adult", "PE-Children", and "PE-Pregnant Women". The "PE-Children" and "PE-Pregnant Women" buttons are highlighted with a red box.

The Primary Applicant is usually the person who is the "head of household". The Head of household is never a child, unless emancipated.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Summary

That completes Lesson 2. In this lesson, we reviewed the following pages in the PE Tool:

- Login
- Overview
- General Rules
- Primary Applicant Information

The PE PW Tool will be discussed in the next lesson.



Presumptive Eligibility Tool ILT: PW and CH

Agenda

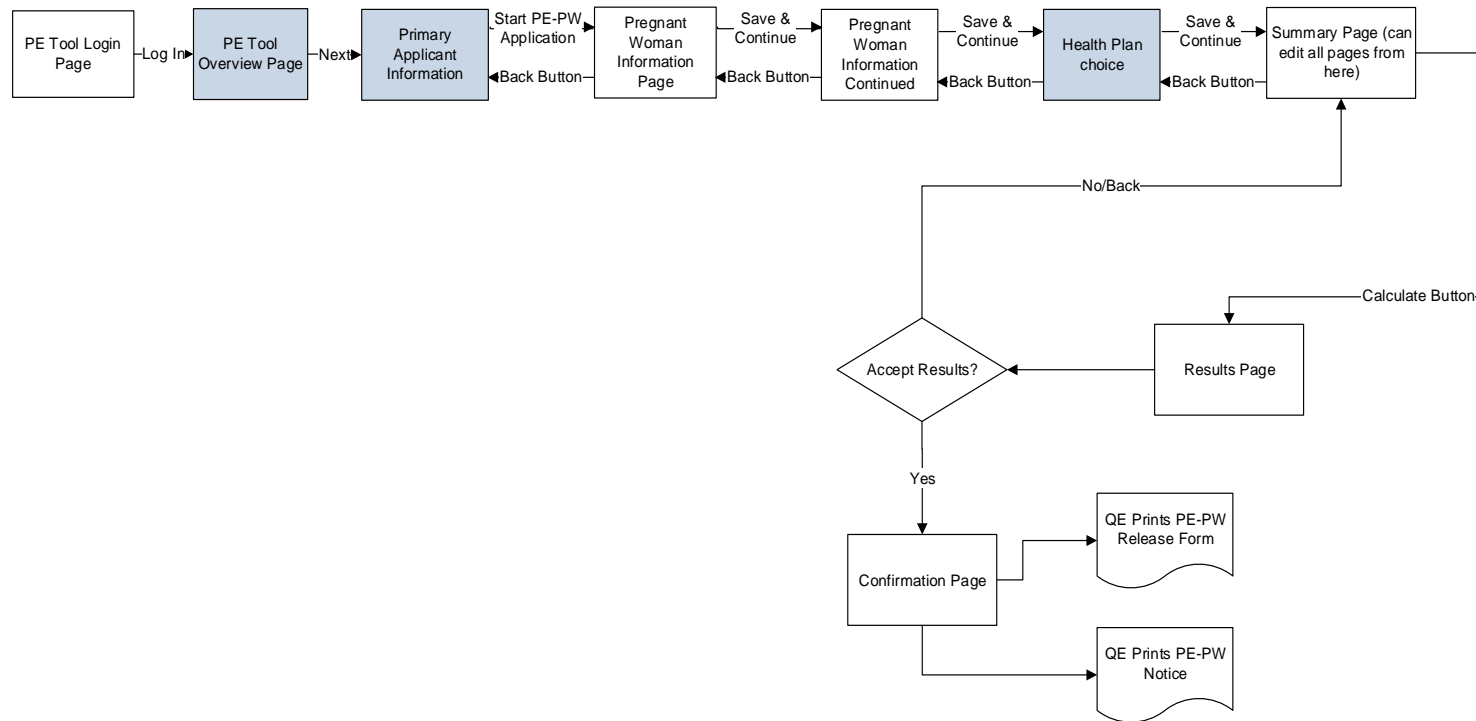
- Lesson 1: Overview
- Lesson 2: PE Tool Basics
- **Lesson 3: PE PW**
- Lesson 4: PE CH
- Lesson 5: MCSSP
- Lesson 6: Administrative Features



Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > PE PW Tool Screen Flow

Clicking the PE – Pregnant Woman button on the Primary Applicant Information page initiates the PE PW Tool. Below is the screen flow of the PE PW Tool.



Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information

After clicking the PE – Pregnant Woman button on the Primary Applicant Information page, the Pregnant Woman Information page displays.

The following information is needed for a Pregnant Woman:

- First and Last Name
- Date of Birth
- Address

Providing a Social Security Number is optional.

for presumptive eligibility
* Red asterisk indicates required

Pregnant Woman Information

Qualified Entity Staff: Christie Jacox

Qualified Entity: Via Christi-St. Francis Campus
PE Determination Site*

Date of PE Application:

First Name * Middle Initial: Last Name *

Social Security Number:
Date of Birth: *

Address Line 1 *
Address Line 2:

City * State * County: Zip Code *

Home/Alternate Phone Number: Cell Phone Number: Work Phone Number:

The PE Determination Site auto-populates from the Primary Applicant page.

The Date of PE Application only populates after the Results have been accepted.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

The next page displayed is Pregnant Woman Information Continued.

for presumptive eligibility

Pregnant Woman Information Continued

Merry Thyme

What is the pregnant woman's estimated due date?*

How many babies are expected?*

Has this person received PE-PW for this pregnancy?*

Is this person a U.S. citizen?*

What is the pregnant woman's gross monthly income?*

Is the pregnant woman married?*

Is the pregnant woman living with her spouse?*

What is the spouse's SSN:

How many of the pregnant woman's children under age 19 live with her?*

(this includes natural, adopted, or step)

Tax Information:

You will need to ask the pregnant woman some questions about her Federal Income Tax Return. She will need to answer these questions based on what her situation is now.

Does the pregnant woman plan to file a Federal Tax Return this year?*

Back **Save and Continue**

The information listed below is required for this page:

- Estimated Due Date
- Number of Babies Expected
- Previous PE for This Pregnancy
- US Citizen/Eligible Non-Citizen
- PW's Gross Monthly Income
- Marital Status
- Living With Spouse
- Number of PW's Children Living With Her
- Tax Information

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

There are several dropdown values on this page. The first is for the *How many babies are expected?* question.

Merry Thyme

What is the pregnant woman's estimated due date?*

How many babies are expected?*

Has this person received PE-PW for this pregnancy?*

Is this person a U.S. citizen?*

Is this person a Documented Non-Citizen?*

What type of Documented Non-Citizen is this person?*

What is the pregnant woman's gross monthly income?*

Select One

Select One

1

2

3

4

5

6

7

8

9

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

If the consumer is not a U.S. Citizen and answers Yes for the *Is this person a Documented Non-Citizen* question, a dropdown will display to select the type of documented non-citizen.

Is this person a U.S. citizen?* ☐ Yes ☒ No

Is this person a Documented Non-Citizen?* ☒ Yes ☐ No

What type of Documented Non-Citizen is this person?* Select One

Select One

- Select One
- Refugee or Asylee
- Student or Work Visa
- Legal Permanent Resident or Other Legal Status
- Trafficking Victim

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

for presumptive eligibility

Pregnant Woman Information Continued

Merry Thyme

What is the pregnant woman's estimated due date?*

How many babies are expected?*

Has this person received PE-PW for this pregnancy?* ☐ Yes ☐ No

Is this person a U.S. citizen?* ☐ Yes ☐ No

Is this person a Documented Non-Citizen?* ☒ Yes ☐ No

What type of Documented Non-Citizen is this person?*

What is the pregnant woman's gross monthly income?*

Is the pregnant woman married?* ☒ Yes ☐ No

Is the pregnant woman living with her spouse?* ☒ Yes ☐ No

What is the spouse's first name:*

What is the spouse's middle initial/name:*

What is the spouse's last name:*

What is the spouse's DOB:*

What is the spouse's SSN:*

What is the spouse's gross monthly income?*

How many of the pregnant woman's children under age 19 live with her?*
(this includes natural, adopted, or step)

Tax Information:

You will need to ask the pregnant woman some questions about her Federal Income Tax Return. She will need to answer these questions based on what her situation is now.

Does the pregnant woman plan to file a Federal Tax Return this year?* ☐ Yes ☐ No

If the Pregnant Woman indicates that she is married and living with her spouse, text box fields display requesting:

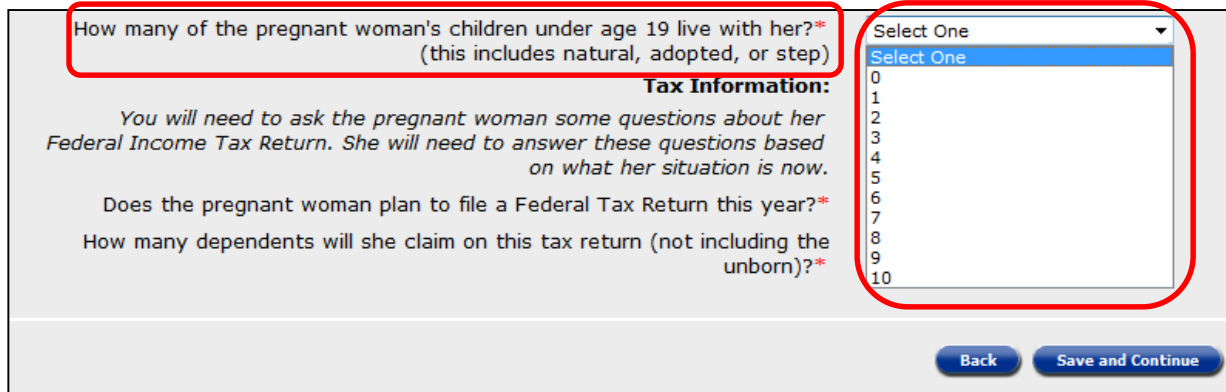
- Spouse's First and Last Name
- Spouse's Date of Birth
- Spouse's Gross Monthly Income

There is a field requesting the Spouse's Social Security Number but this is not mandatory.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

A dropdown will display to indicate the number of children under the age of 19 that live with the Pregnant Women. Make sure to include adopted and stepchildren along with those who are biological.



How many of the pregnant woman's children under age 19 live with her?*

(this includes natural, adopted, or step)

Tax Information:

You will need to ask the pregnant woman some questions about her Federal Income Tax Return. She will need to answer these questions based on what her situation is now.

Does the pregnant woman plan to file a Federal Tax Return this year?*

How many dependents will she claim on this tax return (not including the unborn)?*

Select One

Select One

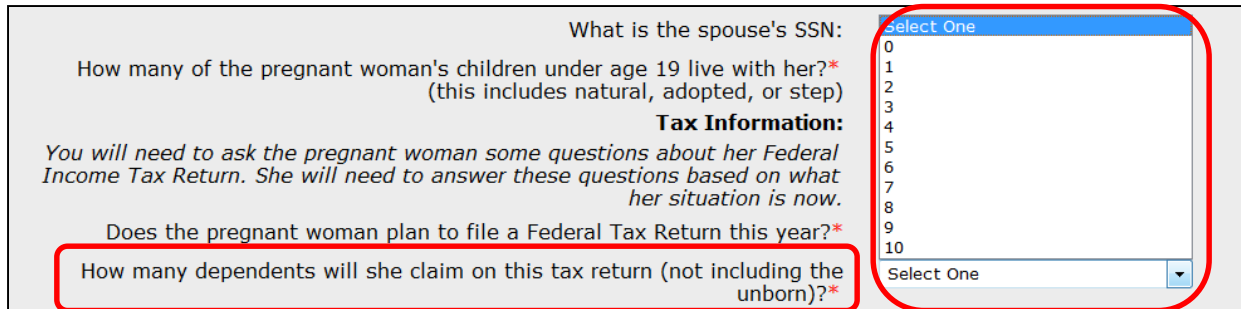
0
1
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9
10

Back Save and Continue

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

There are several dropdowns in the Tax Information section. When the Pregnant Woman indicates that she intends to file a Federal Tax Return, a dropdown appears to indicate how many dependents she will claim on her return. The unborn is not included in the number of dependents the Pregnant Woman will claim.



What is the spouse's SSN:

How many of the pregnant woman's children under age 19 live with her?*

(this includes natural, adopted, or step)

Tax Information:

You will need to ask the pregnant woman some questions about her Federal Income Tax Return. She will need to answer these questions based on what her situation is now.

Does the pregnant woman plan to file a Federal Tax Return this year?*

How many dependents will she claim on this tax return (not including the unborn)?*

Select One

0

1

2

3

4

5

6

7

8

9

10

Select One

In most situations, the number of dependents the consumer will claim on their tax return will match the number of children in the home. If a consumer is claiming additional dependents that aren't part of the Tool, this needs to be captured as it may impact their eligibility.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

Tax Information:

You will need to ask the pregnant woman some questions about her Federal Income Tax Return. She will need to answer these questions based on what her situation is now.

Does the pregnant woman plan to file a Federal Tax Return this year?*

☐ Yes ☒ No

Does someone (other than the pregnant woman's spouse) plan to file and claim the pregnant woman as dependent?*

☐ Yes ☒ No

What is the name of the taxpayer?*

What is the relationship of the taxpayer to the pregnant woman?*

How many dependents does this taxpayer claim on their return?*

Does the pregnant woman know the gross income of this taxpayer?*

Select One

Select One

Spouse

Parent

Other

Back Save and Continue

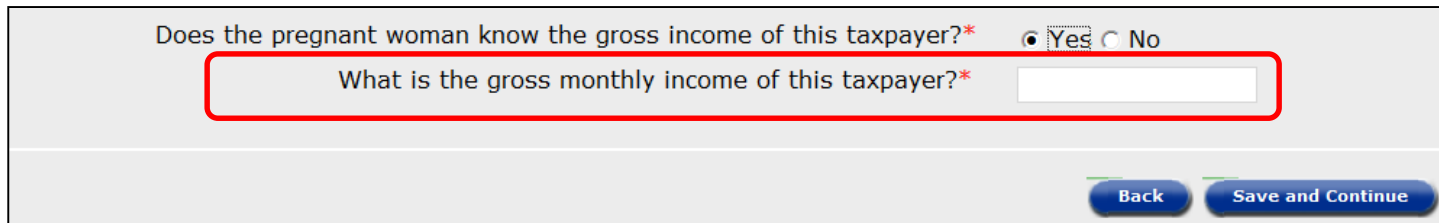
When the Pregnant Woman reports that she won't file a tax return and someone other than her Spouse will claim her as a dependent a field for the name of taxpayer displays. A dropdown follows requesting the taxpayer's relationship to the Pregnant Woman.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Pregnant Woman Information Continued

The last questions on this page deal with the taxpayer's gross income which is needed to determine if the Pregnant Woman qualifies for PE. A text box displays when the Pregnant Woman indicates that she knows the taxpayer's gross income.

If the Pregnant Woman doesn't know the taxpayer's gross income, she will be denied for PE.



Does the pregnant woman know the gross income of this taxpayer?*

☒ Yes ☐ No

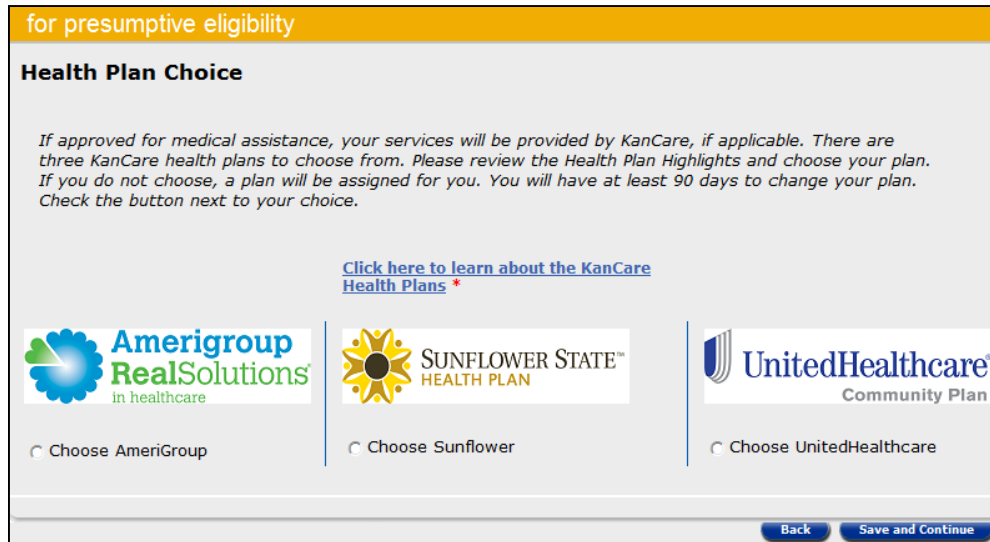
What is the gross monthly income of this taxpayer?*

Back Save and Continue

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Health Plan Choice

Health Plan Choice is the next page in the PE PW Tool. Unlike consumers approved for the other PE programs, those approved for PE PW will not be enrolled in KanCare. This is because the PE PW benefit package is limited and doesn't include all medical benefits.





for presumptive eligibility


Health Plan Choice

If approved for medical assistance, your services will be provided by KanCare, if applicable. There are three KanCare health plans to choose from. Please review the Health Plan Highlights and choose your plan. If you do not choose, a plan will be assigned for you. You will have at least 90 days to change your plan. Check the button next to your choice.

[Click here to learn about the KanCare Health Plans *](#)


☐ Choose AmeriGroup


☐ Choose Sunflower


☐ Choose UnitedHealthcare

[Back](#) [Save and Continue](#)

QE staff need to choose a Health Plan on this page only because it's needed in order to move to the next page in the Tool. QE staff should *not* discuss the KanCare choices with the pregnant woman to avoid misleading her about her benefits.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Summary

The Summary page is next. All of the data entered on the following pages is displayed:

- Primary Applicant
- Pregnant Woman Information
- Pregnant Woman Information Continued

QE staff need to thoroughly review this page to ensure that all of the pregnant woman's data is correct. If an error is found, click the Edit button for the appropriate page to enter the correct information.

Once all the information is correct, click the Calculate button to determine if the pregnant woman qualifies for PE PW.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Summary > Primary Applicant Information

Primary Applicant Information is the first part of the Summary page. Use the Edit button to correct or add information to the Primary Applicant.

for presumptive eligibility

Summary

Primary Applicant Information

Date of PE Application: 05/05/2015
First Name: Merry
Middle Name:
Last Name: Thyme
Social Security Number: 111-65-9874
Date of Birth: 01/01/1980
Address Line 1: 111 SW Horne
Address Line 2:
City: Topeka
State: KS
County: SHAWNEE
Zip Code: 66606
Home/Alternate Phone Number:
Cell Phone Number:
Work Phone Number:
Is this person applying for PE?:

Pregnant Woman Information

Edit

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Summary > Pregnant Woman Information

Pregnant Woman Information is the next section displayed. Use the Edit button to correct or add information to the Primary Applicant.

Pregnant Woman Information

Edit

Date of PE Application:	05/05/2015
Date of Service:	05/05/2015
First Name:	Merry
Middle Initial:	
Last Name:	Thyme
Social Security Number:	111-65-9874
Date of Birth:	01/01/1980
Address Line 1:	111 SW Horne
Address Line 2:	
City:	Topeka
County:	SHAWNEE
Zip:	66606
Home/Alternate Phone Number:	
Work Phone Number:	
Cell Phone Number:	

Pregnant Woman Information Continued

Edit

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Summary > Pregnant Woman Info Continued

The last section of the Summary Page is Pregnant Woman Information Continued. Once again, the Edit button can be used to change or update any of the Pregnant Woman's information. If everything on the Summary page is correct, click the Calculate button.

Cell Phone Number:

Pregnant Woman Information Continued

What is the pregnant woman's estimated due date?* 06/02/2015

How many babies are expected?* 1

Has this person received PE-PW for this pregnancy?* No

Is this person a U.S. citizen?* Yes

What is the pregnant woman's gross monthly income?* 1200

Is the pregnant woman married?* No

Is the pregnant woman living with her spouse?* No

What is the spouse's SSN:

How many of the pregnant woman's children under age 19 live with her?* 0
(this includes natural, adopted, or step)

Tax Information:

You will need to ask the pregnant woman some questions about her Federal Income Tax Return. She will need to answer these questions based on what her situation is now.

Does the pregnant woman plan to file a Federal Tax Return this year?* Yes

How many dependents will she claim on this tax return (not including the unborn)?* 0

Edit

Edit

Calculate

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Results Page

The Results page is displayed. On this page the:

- Results column indicates if the pregnant woman was approved or denied for PE PW coverage.
- Reason/Type column indicates the pregnant woman's coverage type or the reason she was denied.

for presumptive eligibility

Results

APPROVED:

First Name	Last Name	Result	Reason/Type
Merry	Thyme	Approved	Pregnant Woman - P19

[Back](#) [Accept Results](#)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Results Page

At this point, you can choose to click one of the following buttons:

- Accept Results as the PE Tool data and determination are correct
- Back button to return to the Summary page
 - Review the data to ensure it's correct
 - Edit the appropriate page if needed

for presumptive eligibility

Results

APPROVED:

First Name	Last Name	Result	Reason/Type
Merry	Thyme	Approved	Pregnant Woman - P19

Back Accept Results

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Confirmation Page

The Confirmation Page displays after the results of the PE Tool have been accepted. An important field on this page is the confirmation number. This number will be displayed on all PE forms as well as the accompanying KanCare application when it's filed through the MCSSP. Take note of this number as it will be needed for the notice.

for presumptive eligibility

Confirmation

Thank you. The following results have been accepted and sent to the Clearinghouse.
Your confirmation number is **101226**

First Name	Last Name	Result	Reason/Type
Merry	Thyme	Approved	Pregnant Woman - P19

English:
[Print Notice](#)
[Release Form](#)

Spanish:
[Print Notice](#)
[Release Form](#)

[Complete PE Children](#)[Complete KanCare Application](#)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Confirmation Page

In addition to the pregnant woman's name, result, and reason/type the Confirmation page allows staff to print the following:



The notice created from the PE Tool will *not* be used for the PE PW program. Policy has created a special electronic template that must be used when determining PE PW. ***It is essential that QE staff use the template provided so the pregnant woman and providers receive the correct information regarding her benefits.***

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Confirmation Page > Notices

The instructions for the PE PW notice are provided below. The Confirmation Number from the PE Tool is entered on the second page of the notice.

Reset Form ← This button will clear all data on this form

Kansas
Department of Health and Environment

Presumptive Eligibility for Pregnant Women: Approval

Enter the name of the person receiving PE here. The name will fill in the other two name fields.

Enter person's name
Address (apt. no.)
City, State ZIP

Dear _____

Congratulations! You have been approved for medical assistance on a temporary basis under the Presumptive Eligibility for Pregnant Women program. You can only receive Presumptive Eligibility once during your pregnancy. You must complete the application process to get ongoing medical coverage. Remember, this coverage is temporary. Follow-through with the application process is needed to ensure that you continue to receive the medical care and coverage needed.

You will receive a member ID card in a few days. Until then, use this as proof of your health coverage. Show this letter to every doctor or other medical service provider that you see. Not all services are covered.

If you have questions about medical services and providers, please contact the Customer Service Center at 1-800-766-9012. A guide describing the health benefits will be sent to you in a few days.

Individual's Name (First, Middle Initial, Last)	Date of Birth	Date Coverage Begins

If you complete an application for KanCare, it will be sent to the KanCare Clearinghouse. The Clearinghouse will contact you when a decision is made about your eligibility for health coverage. They will also contact you if they need more information.

If you have questions about the application or eligibility process, please contact the KanCare Clearinghouse at 1-800-792-4884.

Page 1 of 2
PE Determination 2015-04-15

Note to Providers:

Please accept this letter as proof of coverage under the Kansas medical assistance program. Eligibility may not be reflected in the MCO's system or KMAP system for up to 7 days following the date coverage begins as indicated on this letter. This letter is official when it includes a PE Determination number in the lower right corner. This letter is valid proof of coverage only for 7 days following the date coverage begins as indicated on this letter. After 7 days, the individual must present her KanCare ID card at the time of service and eligibility must be verified through the KMAP system.

Providers must be enrolled with the KMAP in order to provide services. Coverage is under the PEPW plan.

To verify the individual's eligibility information you may use one of the following methods:

- Automated Voice Response System (AVRS) at 1-800-933-6593
- Beneficiary Eligibility Verification System (BEVS) at <https://www.kmap-state-ks.us/PROVIDER/SECURITY/login.asp>
- Provider Assistance Line at 1-800-933-6593

If the individual's eligibility is not reflected in the KMAP system after 7 days, contact the KanCare Clearinghouse at 1-800-792-4884. Be prepared to provide the information on this letter.

Enter your facility name here

If your facility has multiple sites, enter your current site

Qualified Entity Name: _____
PE Determination Site: _____
Qualified Entity Staff Name: _____

Your name _____
Signature of Qualified Entity Staff: _____ Date: 5/6/2015

You must sign this form for it to be valid

PE Determination Number: _____

Page 2 of 2
Print
Save a Copy
PE Determination 2015-04-15

This button will bring up the print dialog screen


This button will bring up the "save as" dialog screen. Be sure to change the name

Enter the confirmation number from the confirmation screen in the online PE Tool. This form is not valid without this number

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Confirmation Page > Notices

Here is a blank PE PW notice template. Remember that when a PE PW Tool is completed, the consumer should always be given a copy of the approval or denial notice. In addition, a copy of the PE PW notice must be faxed to the KanCare Clearinghouse.



Reset Form

Presumptive Eligibility for Pregnant Women: Approval

-- Enter person's name
 -- Address (one line)
 -- City, State ZIP

Dear

Congratulations! You have been approved for medical assistance on a temporary basis under the Presumptive Eligibility for Pregnant Women program. You can only receive Presumptive Eligibility once during your pregnancy. You must complete the application process to get ongoing medical coverage. Remember, this coverage is temporary. Follow-through with the application process is needed to ensure that you continue to receive the medical care and coverage needed.

You will receive a member ID card in a few days. Until then, use this as proof of your health coverage. Show this letter to every doctor or other medical service provider that you see. Not all services are covered.


If you have questions about medical services and providers, please contact the Customer Service Center at 1-800-766-9012. A guide describing the health benefits will be sent to you in a few days.

Individual's Name (First, Middle Initial, Last)	Date of Birth	Date Coverage Begins
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you complete an application for KanCare, it will be sent to the KanCare Clearinghouse. The Clearinghouse will contact you when a decision is made about your eligibility for health coverage. They will also contact you if they need more information.

If you have questions about the application or eligibility process, please contact the KanCare Clearinghouse at 1-800-792-4884.

Page 1 of 2 PE Determination 2015-04-15



Note to Providers:

Please accept this letter as proof of coverage under the Kansas medical assistance program. Eligibility may not be reflected in the MCO's system or KMAP system for up to 7 days following the date coverage begins as indicated on this letter. This letter is official when it includes a PE Determination number in the lower right corner. This letter is valid proof of coverage only for 7 days following the date coverage begins as indicated on this letter. After 7 days, the individual must present her KanCare ID card at the time of service and eligibility must be verified through the KMAP system.

Providers must be enrolled with the KMAP in order to provide services.
 Coverage is under the PEPW plan.

To verify the individual's eligibility information you may use one of the following methods:

- Automated Voice Response System (AVRS) at 1-800-933-6593
- Beneficiary Eligibility Verification System (BEVS) at <https://www.kmap-state-ks.us/PROVIDER/SECURITY/login.asp>
- Provider Assistance Line at 1-800-933-6593

If the individual's eligibility is not reflected in the KMAP system after 7 days, contact the KanCare Clearinghouse at 1-800-792-4884. Be prepared to provide the information on this letter.

Qualified Entity Name:
 PE Determination Site:
 Qualified Entity Staff Name:

Signature of Qualified Entity Staff: _____ Date:

PE Determination Number:

Print Save a Copy

Page 2 of 2 PE Determination 2015-04-15

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Confirmation Page > Release Form

Continue to use the Release Form in the PE Tool when a consumer wants QE Staff to communicate with the KanCare Clearinghouse about her application. This too must be faxed to the KanCare Clearinghouse.

Division of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Room 900-N
Topeka, KS 66612

Kansas
AD ASTRA PER ASPERA

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov/hcf

Robert Moser, MD, Secretary Department of Health & Environment Sam Brownback, Governor

In Regards to:
Client Name: Merry Thyme
Client ID or SSN: 111-65-9874

Authorization for Release of
Protected Health Information
Please fill in ALL Blanks

I, Merry Thyme, hereby authorize the use of disclosure of my health information as described in this authorization.

1. Specific person/organization (or class of persons) authorized to provide the information:
Kansas Department of Health and Environment(KDHE) & Division of Health Care Finance (DHCF)

2. Specific person/organization (or class of persons) authorized to receive and use the information:
Via Christ-St. Francis Campus

3. Specific and meaningful description of the information:
Please describe the information you wish DHCF and DCF to disclose, for example:

☐ Written, electronic and oral information related to eligibility for benefits for the time period commencing on 05/06/2015 date and continuing through 05/05/2016 date.

☐ Written, electronic and oral information including claims, reports, and other documents related to claims for benefits for an injury or illness commencing on 05/06/2015 date and continuing through 05/05/2016 date.

☐ Written, electronic and oral information relating to payment or lack of payment of benefits to Via Christi for services rendered on 05/06/2015 date.

☐ Other:

4. Purpose of the request:
Please state the purpose of the request below [For example, to discuss my benefits with the Benefits Administration staff so that I can better understand my benefits.] If you do not wish to state a purpose, please state, "At the request of the individual."
At the request of the individual

5. Right to Revoke: I understand that I have the right to revoke this authorization at any time by notifying the person/organization listed in number 1 above in writing at

revocation under this authorization will not be affected by a revocation.

Page 1 of 2 PE Determination #: 1007584

Division of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Room 900-N
Topeka, KS 66612

Kansas
AD ASTRA PER ASPERA

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov/hcf

Robert Moser, MD, Secretary Department of Health & Environment Sam Brownback, Governor

6. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it again.

7. I understand that I am entitled to receive a copy of this authorization.

8. I understand that this authorization will expire on 05/05/2016 (insert an expiration date. If no date is inserted, the authorization will expire 12 months from the date entered in 9).

9. DHCF will not condition treatment, payment, enrollment or eligibility for health plan benefits on receipt of an authorization.

Signature of Individual _____ Date _____

If a Personal Representative executes this form, that Representative warrants that he/she has authority to sign the form on the basis of:

This authorization reflects the requirements of 45 CFR § 164.508(August 14, 2002).

Page 2 of 2 PE Determination #: 1007584

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Confirmation Page > Navigation

Once the PE PW determination process is complete, staff may choose to complete a:

- PE Tool for Children
- KanCare Application for the Pregnant Woman and/or the Household

Remember that information from the PE PW Tool will auto-populate to the PE CH Tool as well as the Self-Service Portal KanCare application

for presumptive eligibility

Confirmation

Thank you. The following results have been accepted and sent to the Clearinghouse.
Your confirmation number is 101226

First Name	Last Name	Result	Reason/Type
Merry	Thyme	Approved	Pregnant Woman - P19

English:

[Print Notice](#)

[Release Form](#)

[Complete PE Children](#)

Spanish:

[Print Notice](#)

[Release Form](#)

[Complete KanCare Application](#)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 3: PE PW > Confirmation Page > Navigation

You can also click the KanCare logo in the left-hand corner of the page. This will return the user to the Overview page.

for presumptive eligibility

Confirmation

Thank you. The following results have been accepted and sent to the Clearinghouse.
Your confirmation number is 101226

First Name	Last Name	Result	Reason/Type
Merry	Thyme	Approved	Pregnant Woman - P19

English:

Print Notice

Release Form

Spanish:

Print Notice

Release Form

Complete PE Children

Complete KanCare Application

Lesson 3: Summary

Lesson 3 is now complete. In this lesson, information regarding the PE PW Tool was reviewed, including the:

- Tool Page Flow
- Tool Pages
- Page Requirements
- Navigation from the Tool

The PE CH Tool will be discussed next.



Agenda

- Lesson 1: Overview
- Lesson 2: PE Tool Basics
- Lesson 3: PE PW
- **Lesson 4: PE CH**
- Lesson 5: MCSSP
- Lesson 6: Administrative Features



Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > How To Get There

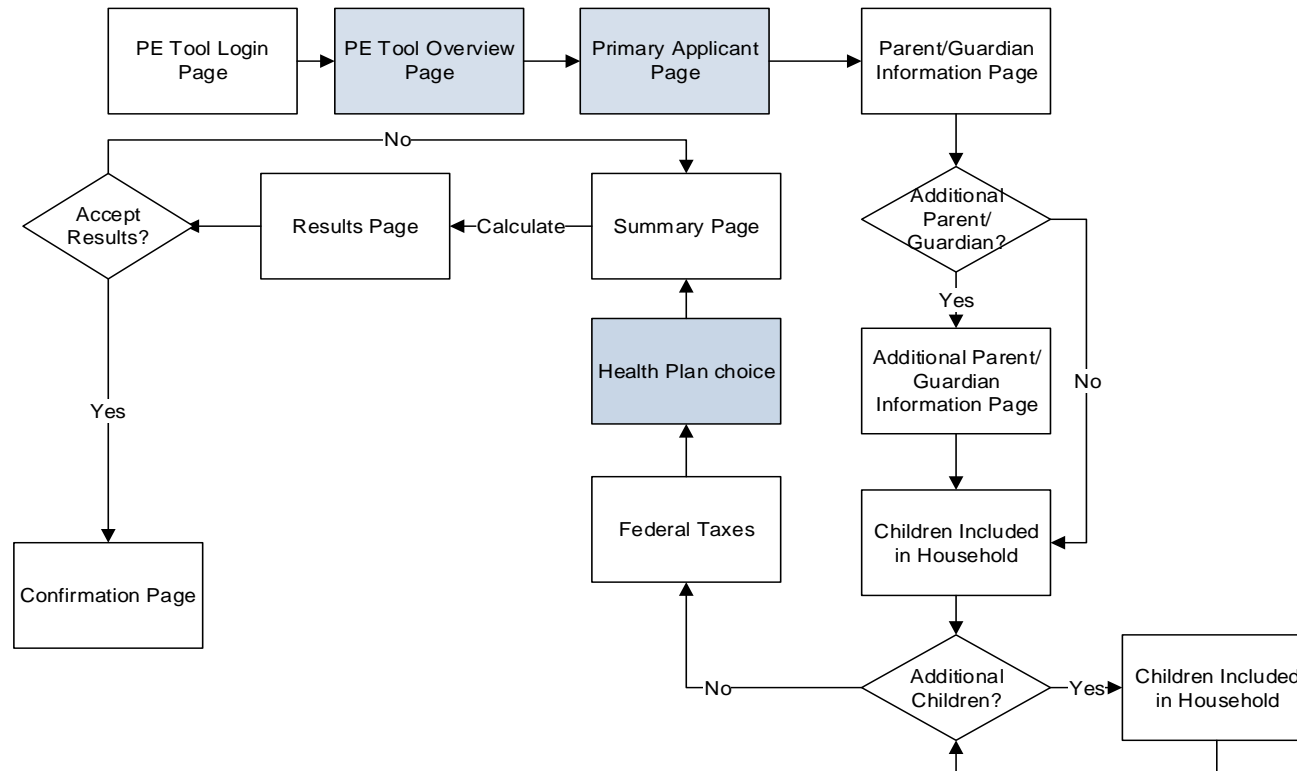
There are several ways to navigate to the PE for Children Tool. Pages that lead to the PE CH Tool are:

- Primary Applicant
- PE PW Confirmation
- PE Adult Confirmation (only for QE Hospital Staff who have taken the necessary training)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > PE PW Tool Screen Flow

Below is the screen flow of the PE CH Tool. In this example the PE CH Tool originates from the Primary Applicant page.



Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Primary Applicant Information

As stated earlier, all PE Tools start with the Primary Applicant Information page.

The screenshot shows the 'PRESUMPTIVE ELIGIBILITY (PE) TOOL' interface. The top navigation bar includes 'Home', 'KanCare', and 'For Tech Support Call: 1-877-782-7358'. A sidebar on the left contains links: 'Customer Release Form', 'Change Password', and 'My PE Applications'. The main form area is titled 'Primary Applicant Information' and includes the following fields:

- Qualified Entity Staff:** Text field with 'Christie Jacox'.
- Qualified Entity:** Text field with 'Via Christi-St. Francis C'.
- PE Determination Site:** Dropdown menu with 'Select One'.
- Date of PE Application:** Text field with '05/05/2015'.
- First Name ***, **Middle Initial:**, **Last Name ***: Text fields.
- Social Security Number:** Text field.
- Date of Birth: ***: Text field with a calendar icon.
- Gender:** Radio buttons for 'Male' and 'Female'.
- Address Line 1 ***, **Address Line 2:** Text fields.
- City ***, **State *** (dropdown), **County:** (dropdown), **Zip Code ***: Text and dropdown fields.
- Home/Alternate Phone Number:**, **Cell Phone Number:**, **Work Phone Number:**: Text fields.
- Is this person applying for PE? ***: Radio buttons for 'Yes' and 'No'.
- Which would you like to start an application for?**: Text field.

Callouts on the screenshot provide additional context:

- Yellow callout:** 'The QE Staff and QE auto-populate based on the user's login information.'
- Blue callout:** 'Select the appropriate PE Determination Site.'
- Yellow callout:** 'The Primary Applicant is usually the person who is the' (partially obscured).
- Yellow callout:** 'The Date of PE Application only populates after the Results have been accepted.'

At the bottom of the form are three buttons: 'PE-Adult', 'PE-Children', and 'PE-Pregnant Women'.

The following information is needed for the Primary Applicant Information:

- First and Last Name
- Date of Birth
- Gender
- Address
- Applying for Self

Providing a Social Security Number is optional.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Primary Applicant Information

Once the Primary Applicant Information page has been completed, click the PE Children button.

Remember to start with the PE PW Tool when you both the pregnant woman and her children are applying for PE.

for presumptive eligibility

Primary Applicant Information

Qualified Entity Staff:

Qualified Entity:

PE Determination Site*:

Date of PE Application:

The Primary Applicant is usually the person who is the "head of household". The Head of household is never a child, unless emancipated.

First Name * Middle Initial: Last Name *

Social Security Number:

Date of Birth: *

Gender ☐ Male ☐ Female

Address Line 1 *

Address Line 2:

City * State * County: Zip Code *

Home/Alternate Phone Number: Cell Phone Number: Work Phone Number:

Is this person applying for PE?*

☐ Yes ☐ No

Which would you like to start an application for?

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Parent Guardian Information

The first page in the PE CH Tool is Parent Guardian Information. This page is used to collect information regarding the parents or caretakers of the children who are applying for PE coverage. In most situations information for the Primary Applicant and Parent Guardian will be the same.

for presumptive eligibility

Parent/Guardian Information

* Red asterisk indicates required

Qualified Entity Staff: Christie Jacox

Qualified Entity: Via Christi-St. Francis Campus

PE Determination* Site*: Via Christi-St. Francis Campus

Date of PE Application: 05/06/2015

Parent/Caretaker/Guardian Information

First Name * Middle Initial: Last Name *

Rose Lane

Social Security Number: 222-36-4521

Date of Birth: * 02/02/1980

Gender* ☐ Male ☒ Female

Address Line 1 * 222 NW Grove

Address Line 2:

City * State * County * Zip Code *

Topeka Kansas Shawnee 66606

Home/Alternate Phone Number: Cell Phone Number: Work Phone Number:

Gross Monthly Household Income: * 1200 (before taxes and deductions)

Number of Parents in Household: * (Include Step-Parents)

Select One
Select One
0
1
2

Back Save and Continue

The PE Determination Site auto-populates from the Primary Applicant page.

The Date of PE Application only populates after the Results have been accepted.

The following information is needed for the Parent Guardian:

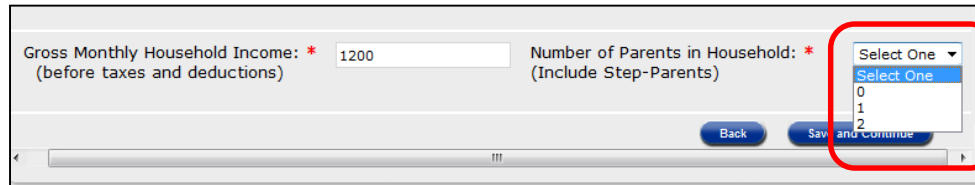
- First and Last Name
- Date of Birth
- Gender
- Address
- Gross Monthly Income
- Number of Parents

Providing a Social Security Number is optional.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Additional Parent Guardian Information

The maximum number of parents allowed in a household is 2.



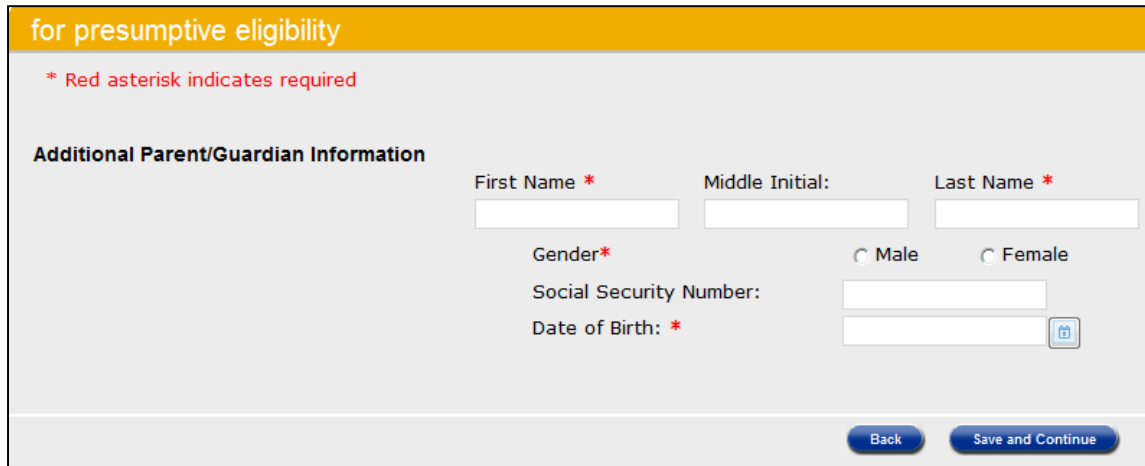
Gross Monthly Household Income: * 1200
(before taxes and deductions)

Number of Parents in Household: *
(Include Step-Parents)

Select One
Select One
0
1
2

Back Save and Continue

The Additional Parent/Guardian Information page displays when 2 is chosen from the Number of Parents in the Household dropdown.



for presumptive eligibility

* Red asterisk indicates required

Additional Parent/Guardian Information

First Name * Middle Initial: Last Name *

Gender* ☐ Male ☐ Female

Social Security Number:

Date of Birth: *

Back Save and Continue

The following information is needed for the Additional Parent Guardian:

- First and Last Name
- Gender
- Date of Birth
- Address

Providing a Social Security Number is optional.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Children Included in the Household

The next page displayed is Children Included in the Household.

for presumptive eligibility

Children Included in Household

* Red asterisk indicates required

First Name *

Middle Initial:

Last Name *

Are you applying for this child? * ☒ Yes ☐ No

Gender * ☐ Male ☒ Female

Social Security Number:

Date of Birth: *

Is this child a citizen? * ☒ Yes ☐ No

Does this child have private health insurance? * ☐ Yes ☒ No

Does this child have KanCare? * ☐ Yes ☒ No

Has this child received PE in the last 12 months? * ☐ Yes ☒ No

Are there any additional children in your household? * ☐ Yes ☒ No

The following information is needed for the children:

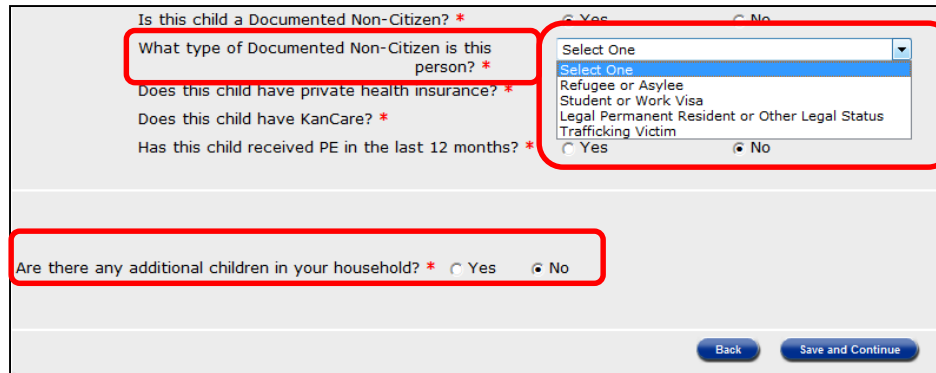
- First and Last Name
- Applying for child?
- Gender
- Date of Birth
- US Citizen/Eligible Non-Citizen
- Private Health Insurance
- Current KanCare Coverage
- Previous PE in Last 12 Months

Providing a Social Security Number is optional.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Children Included in the Household

If the child is not a U.S. Citizen and Yes is selected for *the Is this person a Documented Non-Citizen* question, a dropdown will display with the values listed below.



Is this child a Documented Non-Citizen? *

What type of Documented Non-Citizen is this person? *

Does this child have private health insurance? *

Does this child have KanCare? *

Has this child received PE in the last 12 months? *

Select One

Select One

Refugee or Asylee

Student or Work Visa

Legal Permanent Resident or Other Legal Status

Trafficking Victim

Yes No

Are there any additional children in your household? * Yes No

Back Save and Continue

If Yes is indicated for the Are there any additional children in your household question, this page will redisplay blank. Complete a Children Included in the Household Page for each child in the household. When all of the children have been added click the Save and Continue button.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Federal Taxes Page

Federal Taxes is the next page. If the Parent Guardian indicates they will claim dependents other than those listed on the PE Tool, a dropdown menu displays. Choose the number of additional dependents the Parent Guardian will claim through the *How Many* dropdown menu. Click Save and Continue to go to the next page.

for presumptive eligibility

Federal Taxes

* Red asterisk indicates required

When you file your Federal Taxes, will you claim any other dependents other than the people listed on this application?*

☒ Yes ☐ No

How many? *

Select One

Select One

1

2

3

4

5

6

7

8

9

10

Back

This website is best viewed on Internet Explorer.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Health Plan Choice


Health Plan Choice is the next page. Use this page to indicate which KanCare health plan the parent or caretaker selects for the children.


for presumptive eligibility


Health Plan Choice

If approved for medical assistance, your services will be provided by KanCare, if applicable. There are three KanCare health plans to choose from. Please review the Health Plan Highlights and choose your plan. If you do not choose, a plan will be assigned for you. You will have at least 90 days to change your plan. Check the button next to your choice.

[Click here to learn about the KanCare Health Plans *](#)


☒ Choose AmeriGroup


☐ Choose Sunflower


☐ Choose UnitedHealthcare

The Summary page is next. All of the data entered on the following pages is displayed:

- Primary Applicant Information
- Parent/Guardian Information
- Children Included in Household

QE staff need to thoroughly review this page to ensure that all of the information is correct. If an error is found, click the Edit button for the appropriate page to enter the correct information.

Once all the information is correct, click the Calculate button to determine if the child qualifies for PE CH.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Summary

Primary Applicant Information is the first part of the Summary page. Use the Edit button to correct or add information to the Primary Applicant.

for presumptive eligibility

Summary

Primary Applicant Information

Date of PE Application: 05/06/2015

First Name: Rose

Middle Name:

Last Name: Lane

Social Security Number: 222-36-4521

Date of Birth: 02/02/1980

Address Line 1: 222 NW Grove

Address Line 2:

City: Topeka

State: KS

County: SHAWNEE

Zip Code: 66606

Home/Alternate Phone Number:

Cell Phone Number:

Work Phone Number:

Is this person applying for PE?:

Edit

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Summary

The
Parent/Guardian
Information and
Additional
Parent/Guardian
Information are
next. Use the Edit
button to correct or
add information to
the
Parent/Guardian or
Additional
Parent/Guardian.

Date of PE Application: 05/06/2015
Date of Service: 05/06/2015

Parent/Guardian Information

First Name: Rose
Middle Initial:
Last Name: Lane
Social Security Number: 222-36-4521
Date of Birth: 02/02/1980

Address Line 1: 222 NW Grove
Address Line 2:
City: Topeka
State: KS
County: SHAWNEE
Zip: 66606

Home/Alternate Phone Number:
Cell Phone Number:
Work Phone Number:

Gross Monthly Household Income: 1200.00
Number of Parents in Household: 2
(Include Step-Parents)

Edit

Additional Parent/Guardian Information

First Name: Scott
Middle Initial:
Last Name: Lane
Social Security Number: 555-22-3698
Date of Birth: 03/03/1980

Edit

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Summary

Children Included in the Household is the last section of the Summary page. Review each child's information to ensure that it is correct. Click the Edit button to correct or add a child's information.

Children Included in Household

First Name: Tiffany

Middle Initial:

Last Name: Lane

Gender: Female

Social Security Number: 222-65-9857

Date of Birth: 04/04/2012

Is this child a citizen?: Yes

Is this child a Documented Non-Citizen?

What type of Documented Non-Citizen is this person?

How long has this person been a Legal Permanent Resident or other legal status?

Does this child have KanCare? No

Does this child have private health insurance? No

Has this child received PE in the last 12 months? No

Are you applying for this child? Yes

Calculate

Edit

Once all of the information on the Summary page is correct, click the Calculate button to determine the children's eligibility.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Results

The Results page is displayed. On this page the:

- Results column indicates if the child was approved or denied for PE CH coverage.
- Reason/Type column indicates the child's coverage type or the reason she was denied.
- Type of coverage for the PE CH program is:
 - Title 19 (P19) PEN/CH/N/N
 - Title 21 (P21) PET/CH/N/N

for presumptive eligibility

Results

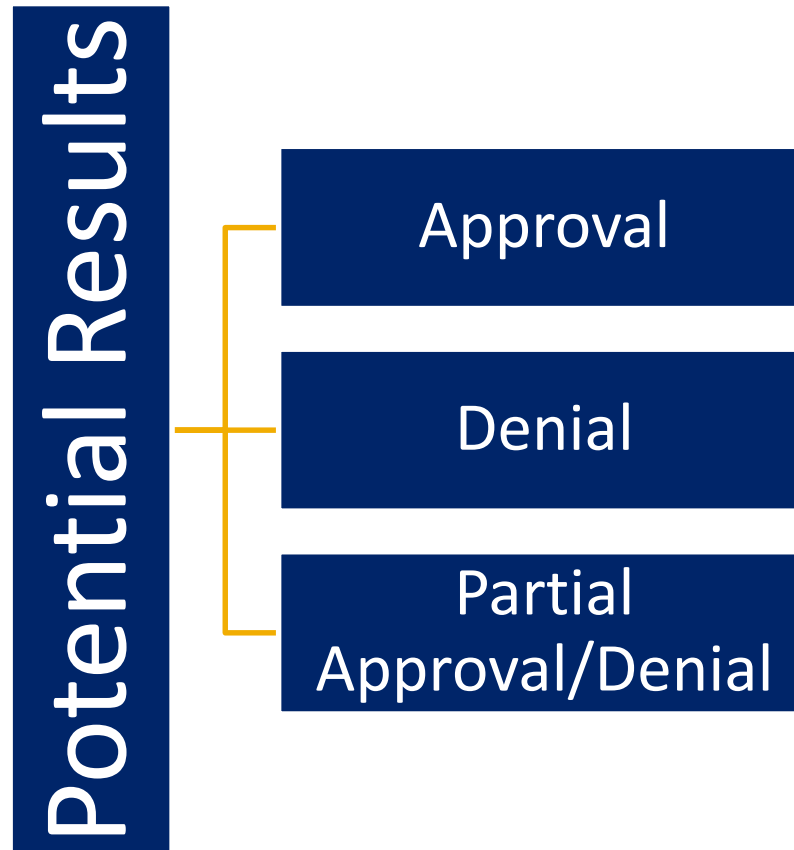
APPROVED:

Child First Name	Child Last Name	Date of Birth	Result	Reason/Type
Tiffany	Lane	04/04/2012	Approved	P19

[Back](#) [Accept Results](#)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Potential Results



Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Results

At this point, you can choose to click one of the following buttons:

- Accept Results as the PE Tool data and determination are correct
- Back button to return to the Summary page
 - Review the data to ensure it's correct
 - Edit the appropriate page if needed

for presumptive eligibility

Results

APPROVED:

Child First Name	Child Last Name	Date of Birth	Result	Reason/Type
Tiffany	Lane	04/04/2012	Approved	P19

[Back](#) [Accept Results](#)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Confirmation

The Confirmation Page displays after the results of the PE Tool have been accepted. An important field on this page is the confirmation number. This number will be displayed on all PE forms as well as the accompanying KanCare application when it's filed through the MCSSP.

for presumptive eligibility

Confirmation

Thank you. The following results have been accepted and sent to the Clearinghouse.
Your confirmation number is 101208

Child First Name	Child Last Name	Date of Birth	Result	Reason/Type
Tiffany	Lane	04/04/2012	Approved	P19

English:

[Print Notice](#)

[Release Form](#)

Spanish:

[Print Notice](#)

[Release Form](#)

[Complete PE-Adult](#)

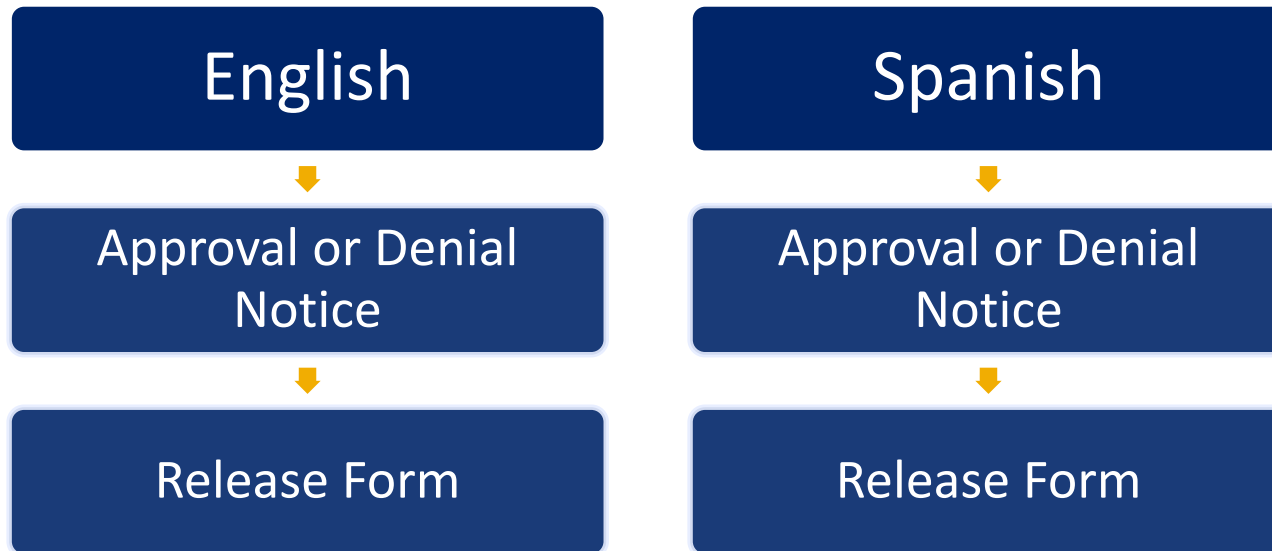
[Complete PE-Pregnant Woman](#)

[Complete KanCare Application](#)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Confirmation

In addition to the child's name, result, and reason/type the Confirmation page allows staff to print the:




Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Confirmation Page > Notices

Remember that when a PE Tool is completed, a consumer should always be given a copy the approval or denial notice.

Division of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Room 900-N
Topeka, KS 66612



Kansas
Department of Health & Environment

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov/hcf

Robert Moser, MD, Secretary

Sam Brownback, Governor

Presumptive Eligibility Approval

Rose Lane
222 NW Grove
Topeka, KS 66606

Dear Rose,

Congratulations! The following children have been approved for KanCare on a temporary basis under the Presumptive Eligibility for Children program. KanCare is the State of Kansas health plan that will provide for medical, mental health, dental and long term care services through an assignment to a health plan. The children can only receive Presumptive Eligibility once a year. You must complete the KanCare application process to get ongoing medical coverage for your children. Remember - this coverage is temporary. Follow-through with the application process is needed to ensure that your child continues to receive the medical care and coverage they need.

You choose Amerigroup as your KanCare health plan. Your health plan will send you a member ID card in a few days for each child listed below. Until then, use this as proof of the children's health coverage. Show this letter to every doctor, or other medical service provider that you see. Not all services are covered. You must use a provider that is in your plan's network. You may call your health plan at 1-800-600-4441 to find a provider in their network.

If you have questions about Medicaid services and providers, please contact the Customer Service Center at 1-800-766-9012. A guide describing the health benefits will be sent to you in a few days.

Child's Name (First, Middle Initial, Last Name)	Date of Birth	Date Coverage Begins
Tiffany Lane	04/04/2012	05/06/2015

If you completed an application for KanCare, it will be sent to the KanCare Clearinghouse. The Clearinghouse will contact you when a decision is made about your child's eligibility for health coverage. They will also contact you if they need more information. Below are some of the most common items that they may ask for:


- Employment and Income Information
- Child Support
- Identification
- Citizenship

If you have questions about the application or eligibility process, please contact the KanCare Clearinghouse at 1-800-792-4884.

Page 1 of 2

PE Determination #: 1007593

Division of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Room 900-N
Topeka, KS 66612



Kansas
Department of Health & Environment

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov/hcf

Robert Moser, MD, Secretary

Sam Brownback, Governor

Note to Medicaid Providers:

Please accept this letter as proof of KanCare eligibility. Eligibility may not be reflected in either the MCO's system or KMAP system for up to 7 days following the date coverage begins as indicated on this letter. This letter is official when it includes a PE Determination number in the lower right corner. This letter is valid proof of coverage only for 7 days following the date coverage begins as indicated on this letter. After 7 days, the child must present their KanCare ID card at the time of service and eligibility must be verified through either the KMAP or the MCO's system.

You must be enrolled with the child's KanCare health plan in order to provide services.

To verify the child's eligibility, assignment and other insurance information you may use one of the following methods:

- Automated Voice Response System (AVRS) at 1-800-933-6593
- Beneficiary Eligibility Verification System (BEVS) at <https://www.kmap-state-ks.us/Public/Beneficiary/default.asp>
- Provider Assistance Line at 1-800-933-6593

If the child's eligibility is not reflected in the KMAP system after 7 days, contact the KanCare Clearinghouse at 1-800-792-4884. Be prepared to provide the information on this letter.

If the individual's eligibility is not reflected in the KMAP system after 7 days, contact the KanCare Clearinghouse at 1-800-792-4884. Be prepared to provide the information on this letter.

Qualified Entity Name: Via Christi-St. Francis Campus

PE Determination Site: Via Christi-St. Francis Campus

Qualified Entity Staff Name: _____

Signature of Qualified Entity Staff: _____ Date: _____

Page 2 of 2

PE Determination #: 1007593

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Confirmation Page > Release Form

Continue to use the Release Form in the PE Tool when a consumer wants QE Staff to communicate with the KanCare Clearinghouse about her application. This too must be faxed to the KanCare Clearinghouse.

Division of Health Care Finance
Landon State Office Building
900 SW Jackson Street, Room 900-N
Topeka, KS 66612

Kansas
AD ASTRA PER ASPERA

Phone: 785-296-3981
Fax: 785-296-4813
www.kdheks.gov/hc/f

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Department of Health & Environment
Sam Brownback, Governor

In Regards to:
Client Name: Rose Lane
Client ID or SSN: 222-36-4521

Authorization for Release of
Protected Health Information
Please fill in ALL Blanks

I, Rose Lane, hereby authorize the use of disclosure of my health information as described in this authorization.

1. Specific person/organization (or class of persons) authorized to provide the information:
Kansas Department of Health and Environment(KDHE) & Division of Health Care Finance (DHCF)

2. Specific person/organization (or class of persons) authorized to receive and use the information:
Via Christi-St. Francis Campus

3. Specific and meaningful description of the information:
Please describe the information you wish DHCF and DCF to disclose, for example:

☐ Written, electronic and oral information related to eligibility for benefits for the time period commencing on 05/06/2015 date and continuing through 05/05/2016 date.

☐ Written, electronic and oral information including claims, reports, and other documents related to claims for benefits for an injury or illness commencing on 05/06/2015 date and continuing through 05/05/2016 date.

☐ Written, electronic and oral information relating to payment or lack of payment of benefits to Via Christi for services rendered on 05/06/2015 date.

☐ Other:

4. Purpose of the request:
Please state the purpose of the request below [For example, to discuss my benefits with the Benefits Administration staff so that I can better understand my benefits.] If you do not wish to state a purpose, please state, "At the request of the individual."
At the request of the individual

5. Right to Revoke: I understand that I have the right to revoke this authorization at any time by notifying the person/organization listed in number 1 above in writing at

revocation under this authorisation will not be affected by a revocation.

Page 1 of 2 PE Determination #: 1007593

Division of Health Care Finance
Landon State Office Building
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Topeka, KS 66612

Kansas
AD ASTRA PER ASPERA

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Robert Moser, MD, Secretary
Department of Health & Environment
Sam Brownback, Governor

6. I understand that after this information is disclosed, federal law might not protect it and the recipient might disclose it again.

7. I understand that I am entitled to receive a copy of this authorization.

8. I understand that this authorization will expire on 05/05/2016 (insert an expiration date. If no date is inserted, the authorization will expire 12 months from the date entered in 9).

9. DHCF will not condition treatment, payment, enrollment or eligibility for health plan benefits on receipt of an authorization.

Signature of Individual _____ Date _____

If a Personal Representative executes this form, that Representative warrants that he/she has authority to sign the form on the basis of:

This authorization reflects the requirements of 45 CFR § 164.506(August 14, 2002).

Page 2 of 2 PE Determination #: 1007593

Presumptive Eligibility Tool ILT: PW and CH

Lesson 4: PE CH > Confirmation Page > Navigation

Once the PE CH determination process is complete, staff may choose to complete a KanCare Application for the Child and/or Household. Information from the PE CH Tool will auto-populate to the Self-Service Portal KanCare application.

Although it's possible to access the PE PW Tool from this page, the PE PW > PE CH flow should be followed when completing multiple Tools for a single household.

Staff can also click the KanCare log to return to the Overview page.

for presumptive eligibility

Confirmation

Thank you. The following results have been accepted and sent to the Clearinghouse.
Your confirmation number is 101208

Child First Name	Child Last Name	Date of Birth	Result	Reason/Type
Tiffany	Lane	04/04/2012	Approved	P19

English:

[Print Notice](#)

[Release Form](#)

Spanish:

[Print Notice](#)

[Release Form](#)

[Complete PE-Adult](#) [Complete PE-Pregnant Woman](#) [Complete KanCare Application](#)

Lesson 4: Summary

In Lesson 4 information the following information regarding the PE CH Tool was discussed:

- Tool Page Flow
- Tool Pages
- Page Requirements
- Navigation from the Tool

Completing a KanCare application in the Medical Consumer Self-Service Portal (MCSSP) will be discussed next.



Agenda

- Lesson 1: Overview
- Lesson 2: PE Tool Basics
- Lesson 3: PE PW
- Lesson 4: PE CH
- **Lesson 5: MCSSP**
- Lesson 6: Administrative Features



Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP

Once the PE Tool determination has been accepted and the Confirmation page displays, you will have the option to navigate to the Medical Consumer Self-Service Portal (MCSSP) to help the consumer complete the KanCare application.

The screenshot shows the Medical Consumer Self-Service Portal (MCSSP) website. At the top, there is a navigation bar with a "Home" link, a language dropdown set to "English", and a "Go" button. The KanCare logo is on the left, and the title "MEDICAL CONSUMER SELF-SERVICE PORTAL" is in the center. On the right, there are fields for "User Name" and "Password", a "Log In" button, and links for "Forgot User Name", "Forgot Password/PIN", "Sign Up", and "Help".

Below the navigation bar, there is a section titled "Information Links" on the left. The main content area has a heading "KanCare offers coverage for: Children, Pregnant Women, Families With Children, Elderly, Adults With Disabilities and Children With Disabilities." Below this, there are three main sections:

- CHECK Eligibility**: Accompanied by a photo of an elderly man. Below the photo, it says "Check to see if you may be eligible for medical assistance."
- APPLY for Medical Assistance**: Accompanied by a photo of a pregnant woman holding a young child. Below the photo, it says "Apply for medical assistance."
- ACCESS my KanCare**: Accompanied by a photo of four diverse children. Below the photo, it says "Access will be granted upon log in."

At the bottom of the page, a small note states: "This website is best viewed on Internet Explorer."

Presumptive Eligibility Tool ILT: PW and CH

Lesson 2: PE Tool Basics > Login Page > MCSSP Links

An overview of the different sections of the MCSSP is listed below.

Check Eligibility



A self-assessment
to check for
potential eligibility.

Apply for Medical Assistance



Web-based application
for all medical programs.

Access my KanCare



Access to submitted
MCSSP applications.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Benefits

There are several benefits to applying through the MCSSP. When the MCSSP is used immediately following the PE Tool determination:

- Information from the Tool, such as Names, Dates of Birth, and Social Security Numbers, auto-populates the MCSSP application.
- The MCSSP's Confirmation Number matches that of the PE Tool, thereby linking them together.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Sign Up Page

In order to complete an application through the MCSSP, the consumer must sign up. A consumer must have an email account, so it will be necessary to help them set one up in some situations.

for presumptive eligibility

Sign Up

If you are applying on behalf of someone else, please read the following rules by clicking [here](#)

You will be automatically be logged in upon successful sign up.

*** Red asterisk indicates required**

User Name * The username cannot contain special characters, such as, <>, #, |, &, ~, ?, (), {}, %, or *.

Password * The password must be at least eight characters and contain at least one number or special character.

Confirm Password *

Select secret questions for which you know the answer. If you forget your password, you will be asked to answer these questions to recover your password.

First Secret Question *

Answer *

Second secret question *

Answer *

The following information is needed to set up an account in the MCSSP:

- User Name
- Password
- Confirm Password
- 1st Secret Question and Answer
- 2nd Secret Question and Answer

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Sign Up Page

The MCSSP User Name can't contain any special characters (# & * < % >).

The Password must be:

- 8 characters
- Contain 1 special number or special character

for presumptive eligibility

Sign Up

If you are applying on behalf of someone else, please read the following rules by clicking [here](#)

You will be automatically be logged in upon successful sign up.

*** Red asterisk indicates required**

User Name * The username cannot contain special characters, such as, <>, #, |, &, ~, ?, (), {}, %, or *.

Password * The password must be at least eight characters and contain at least one number or special character.

Confirm Password *

Select secret questions for which you know the answer. If you forget your password, you will be asked to answer these questions to recover your password.

First Secret Question * ▼

Answer *

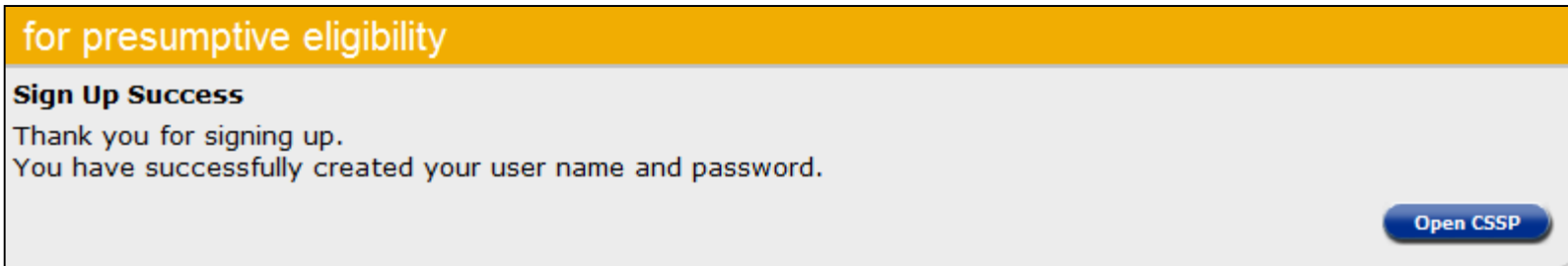
Second secret question * ▼

Answer *

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Sign Up Page

A message will display when a new MCSSP account has been set up successfully. After this, you can assist the consumer through the MCSSP KanCare application.

A screenshot of a web-based message box. The top of the box has a yellow header with the text "for presumptive eligibility" in a white, sans-serif font. Below the header, the text "Sign Up Success" is displayed in a bold, black, sans-serif font. Underneath, the message "Thank you for signing up. You have successfully created your user name and password." is shown in a standard black, sans-serif font. In the bottom right corner of the message box, there is a blue button with the text "Open CSSP" in white, sans-serif font.

Click the Open CSSP button to return to the MCSSP Homepage. The consumer will need to enter their User Name and Password to open the MCSSP.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Sign Up Page

An Overview page displays first. This page explains how the consumer's information will be used as well as what information will be needed in order to determine their eligibility for KanCare.

The Information Links Menu to the left can be accessed at anytime.

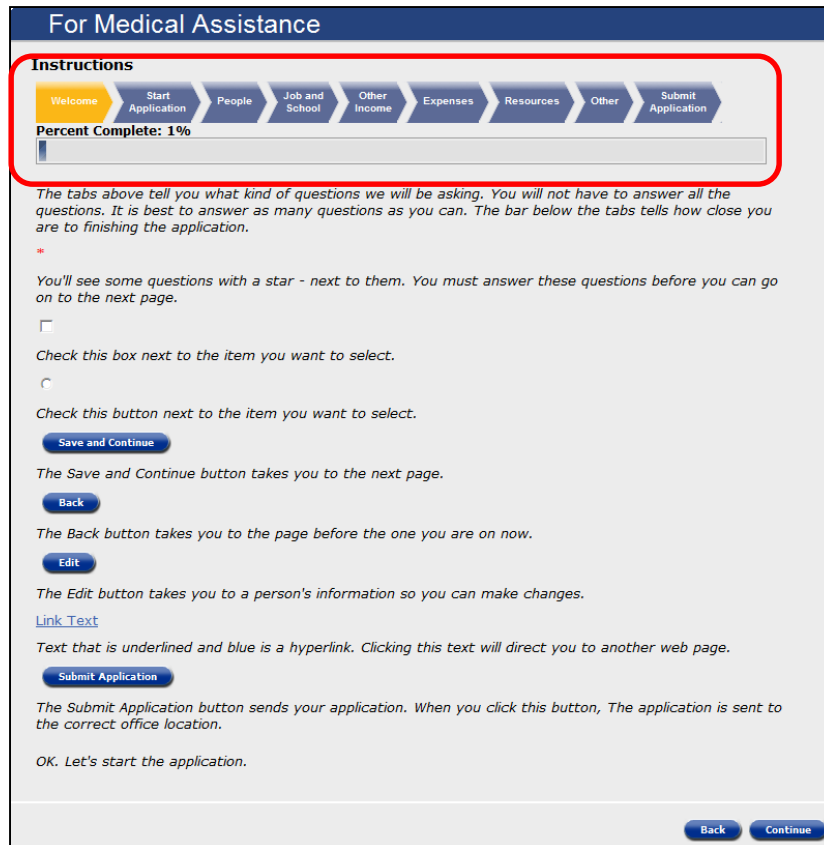
Information Links	APPLY For Medical Assistance
Contact Information Program Information Frequently Asked Questions How To Use This Site Give Us Your Feedback Request Case Access	<p>Let's get started</p> <p>Here are some things to know before you start the application.</p> <p>Your information is private.</p> <ul style="list-style-type: none"> We'll keep your information private as required by law. We'll use the information on this application only to see if you qualify for medical assistance. If you are not approved for KanCare, we may send your information to the Federal Health Insurance Marketplace. They will see if you can get other help paying for medical assistance. <p>We will be asking you questions about you and the people in your home. We will need information on how much money you have and the bills you pay. It is helpful if you have a pay stub and the bills you pay like rent, utilities and child care with you when you are filling out the application.</p> <p>The additional information below may be needed to approve your application.</p> <ul style="list-style-type: none"> Employment and Income Information Social Security Numbers We need Social Security Numbers (SSNs) for everyone applying for medical assistance. An SSN is optional for people not applying for medical assistance, but providing an SSN can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with medical assistance. If someone doesn't have a SSN call 1-800-772-1213 or visit www.socialsecurity.gov Dates of Birth Medical Expenses~ Immigration Documents Residency Identification Citizenship Last Year's Tax Return (if self-employed) Property/Assets~ Shelter Expenses~ <p>"These items are only needed if you are applying for the elderly or disabled.</p> <p>It may take 30 minutes or more to finish all the questions. After you finish the application you can submit it online.</p> <p>Before you can get medical assistance, the agency may need to get proof of some of the answers you have given. In some cases you will also need to talk with a worker over the phone or in person. We may call you or send you a letter about this.</p> <p>Back Continue</p>

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Instructions

The following page explains how to navigate throughout the MCSSP. The chevrons located at the top of the page indicate the topics of each section of the MCSSP. Beneath this is a progress bar that displays how much of the MCSSP application the consumer has completed.

We'll walk through one section of the application to get a feel for how it functions.



For Medical Assistance

Instructions

Welcome Start Application People Job and School Other Income Expenses Resources Other Submit Application

Percent Complete: 1%

The tabs above tell you what kind of questions we will be asking. You will not have to answer all the questions. It is best to answer as many questions as you can. The bar below the tabs tells how close you are to finishing the application.

You'll see some questions with a star - next to them. You must answer these questions before you can go on to the next page.

☐

Check this box next to the item you want to select.

☐

Check this button next to the item you want to select.

Save and Continue

The Save and Continue button takes you to the next page.

Back

The Back button takes you to the page before the one you are on now.

Edit

The Edit button takes you to a person's information so you can make changes.

[Link Text](#)

Text that is underlined and blue is a hyperlink. Clicking this text will direct you to another web page.

Submit Application

The Submit Application button sends your application. When you click this button, The application is sent to the correct office location.

OK. Let's start the application.

Back Continue

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Primary Applicant Information Page

Like the PE Tools, the first page of the MCSSP is Primary Applicant Information.

Information the consumer entered when signing up for the MCSSP auto-populates on the Primary Applicant's Information Page.

Select the County Code from the dropdown menu in the Home and Mailing Address sections.

Primary Applicant's Information

First Name *	Middle Name/Initial	Last Name *	Suffix (Jr., Sr., etc.)	Maiden Name	Date of Birth (mm/dd/yyyy): *
Sally		Sue			01/01/1980

Contact Information

Home Phone Number (999) 999-9999 (785)847-9852

Message/Cell Phone Number

Work Phone Number

Is it ok to call you at work? ☐ Yes ☐ No

Where are you applying from?

Personal Email Address (example@abc.com) * Ssue@yahoo.com

I would like to learn that I have important information waiting for me at the message center through: ☒ Personal Email

Address Information

Home Address Line 1 * 123 NW KNOX AVE

Home Address Line 2

City * TOPEKA

State * Kansas

County *

Zip Code (####) * 66606

Is your mailing address the same as your home address? * ☒ Yes ☐ No

Mailing Address Line 1 * 123 NW KNOX AVE

Mailing Address Line 2

Mailing City * TOPEKA

Mailing State * Kansas

Mailing County *

Mailing Zip Code (99999) * 66606

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Tell Us More and Background Information

Tell Us More and Background Information pages will need to be completed for every member of the primary applicant's household.

Information needed in this section includes:

- Applying for Self
- SSN
- Alias Names
- Language Spoken
- Language Read
- Other Communication Needs

For Medical Assistance

Tell us More

Welcome Start Application People Job and School Other Income Expenses Resources Other Submit Application

Percent Complete: 22.0%

Please tell us more about yourself.

Sally Sue

Are you applying for yourself? ☐ Yes ☐ No

Social Security Number (i.e. 123-45-6789):

Are you known by another name? ☐ Yes ☐ No

[Back](#) [Save and Continue](#)

For Medical Assistance

Background Information

Welcome Start Application People Job and School Other Income Expenses Resources Other Submit Application

Percent Complete: 22.0%

Please tell us more about yourself.

Sally Sue

What language do you speak at home?

What language do you read at home?

Do you have other communication needs?

[Back](#) [Save and Continue](#)

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Start Application Summary

After all the pages of a section have been completed, a Summary page will display. Check all of the data entered to ensure it's correct. If information is missing or needs to be corrected, click the Edit button in the appropriate section. When all of the information on the Summary screen is correct, click Save and Continue to proceed with the application.

Start Application Summary

Welcome
Start Application
People
Job and School
Other Income
Expenses
Resources
Other
Submit Application

Percent Complete: 22.0%

Show All | Hide All

Tell us More

Gally Sue

Hide Details

Are you applying for yourself?* No
Are you male or female?* Female
Social Security Number (i.e.123-45-6789): 111-22-1235
We need Social Security Numbers (SSNs) for everyone applying for medical assistance. A SSN is optional for people not applying for medical assistance, but providing a SSN can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with medical assistance. If someone doesn't have a SSN call 1-800-772-1213 or visit www.socialsecurity.gov .
Are you known by another name? No

Edit

Background Information

Gally Sue

Hide Details

What language do you speak at home? English
What language do you read at home? English
Do you have other communication needs?

Edit

Save and Exit

Save and Continue

Presumptive Eligibility Tool ILT: PW and CH

Lesson 5: MCSSP > Progressing Through the Application

Adding information about all of the people living in the primary applicant's home follows. Once all persons have been added, the application will progress through each section. Answer all questions that apply to the household. At any point in the process, the Save and Exit button can be used allowing the consumer to complete and submit the application at a later time.

For Medical Assistance

Information about the people living in your home

Welcome

Start Application

People

Job and School

Other Income

Expenses

Resources

Other

Submit Application

Percent Complete: 33.0%

Primary Applicant Sally Sue

Is anyone else in your home?

Save and Exit

Add Another Person

Save and Continue

Lesson 5 presented information concerning the MCSSP KanCare application including the:

- Benefits
- Sign Up Process
- Navigation

Administrative Features of the PE Tool will be discussed in our last lesson.



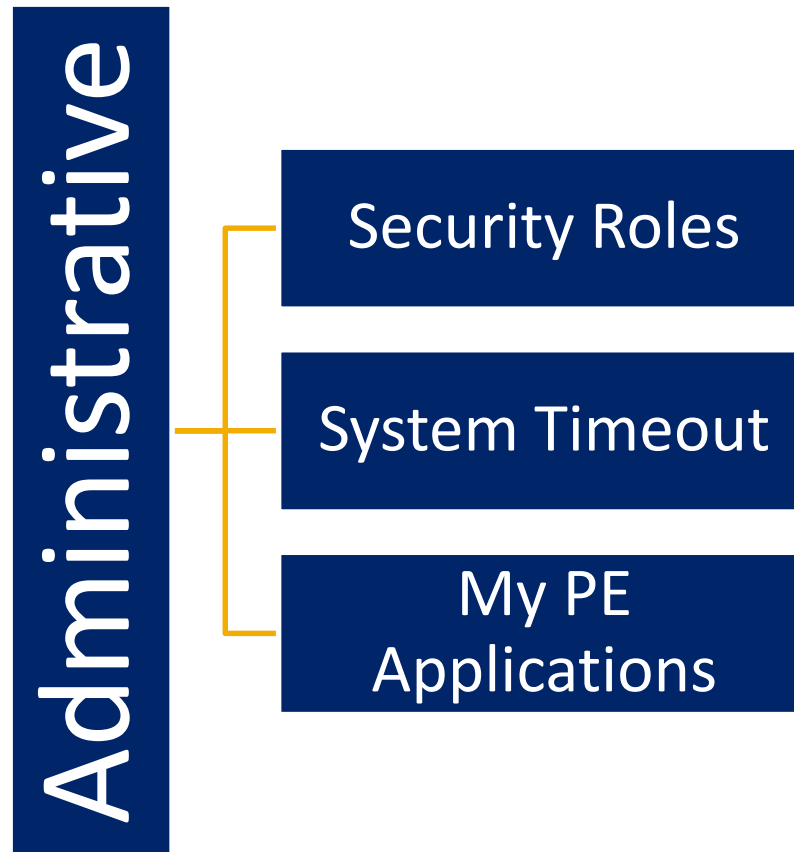
Presumptive Eligibility Tool ILT: PW and CH

Agenda

- Lesson 1: Overview
- Lesson 2: PE Tool Basics
- Lesson 3: PE PW
- Lesson 4: PE CH
- Lesson 5: MCSSP
- **Lesson 6: Administrative Features**



In addition to completing PE determinations the Tool has several administrative features which are important to know.



Presumptive Eligibility Tool ILT: PW and CH

Lesson 6: Administrative Features > Security Roles

There are 2 PE security roles for Qualified Entity staff.

QE Staff

- Access to the PE Tool
- Ability to view PE Tools they have worked on

QE Supervisor

- Access to the PE Tool
- Ability to view all PE Tools completed by staff at their QE agency

Presumptive Eligibility Tool ILT: PW and CH

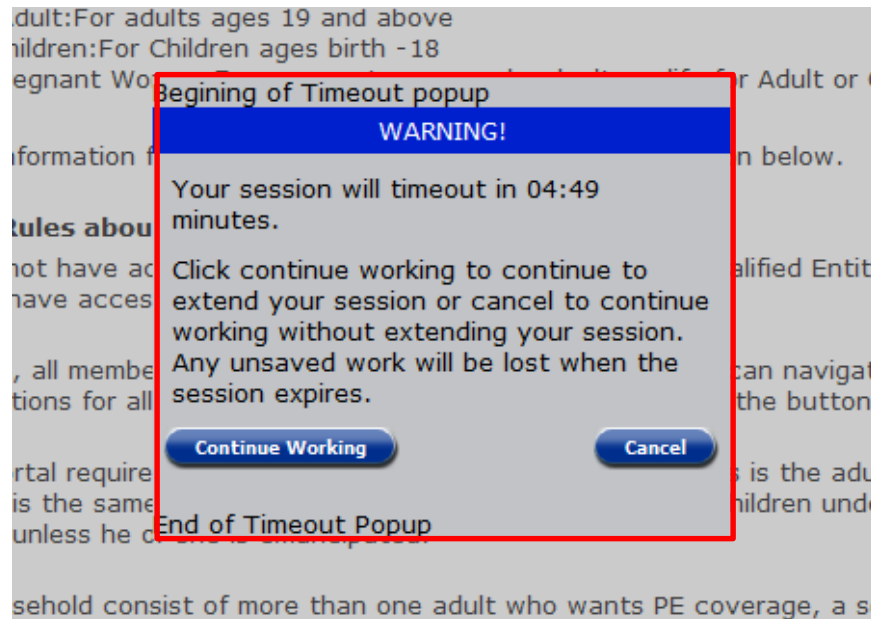
Lesson 6: Administrative Features > Security Roles

An additional security role of QE Superuser is assigned to Policy and Eligibility staff. This role provides Policy and Eligibility staff with access to the PE Tools created by all Qualified Entities.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 6: Administrative Features > System Timeout

Another important feature to be aware of is System Timeout. The PE Tool will automatically timeout a user when there's been no activity for 25 minutes. It will provide you with a warning message 5 minutes prior to timeout. Clicking the 'Continue Working' button will stop the timeout process. If the button isn't clicked, the timeout will occur, returning the user to the Log-in page.



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Lesson 6: Administrative Features > System Timeout

The system will not automatically save the last page you accessed if new data was entered. However, any work completed on prior pages will be saved. Upon logging back in, the system will always bring you to the Presumptive Eligibility (PE) Overview page rather than where you left off.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 6: Administrative Features > My PE Applications

The My PE Applications is a link that can be accessed once a user is logged into the Tool. This feature allows a user to view all of the PE Tools they have worked on.

Information

- Policy & Training
- Customer Self-Service Portal
- Customer Release Form
- Change Password
- My PE Applications**

DETAILS

My PE Applications

Search by Date of Service:

From: * 04/22/2015 To: * 05/06/2015

Status: Select One

Last Name:

PE Tool: Select One

Search

PE Application Date	First Name	Last Name	PE Tool	User Role	Status	Submit By Date
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This website is best viewed on Internet Explorer.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 6: Administrative Features > My PE Applications

The From and To fields in Search by Date of Service are populated with default values. QE staff can change these dates to expand or narrow their search by using the text box feature or clicking on the calendar icon.

The screenshot shows a web interface for 'My PE Applications'. Under the heading 'Search by Date of Service:', there are two date input fields. The 'From' field is labeled 'From: *' and contains the date '05/05/2015'. The 'To' field is labeled 'To: *' and contains the date '05/19/2015'. Both fields have a small blue calendar icon to their right. Red rectangles are drawn around each date field to highlight them.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 6: Administrative Features > My PE Applications

Additional values that can be used to search are:

- Status
 - Incomplete
 - Denied
 - Approved
 - Approved/Denies
 - Expired
- Last Name of Primary Applicant
- PE Tool Type
 - PW
 - CH
 - Adult

My PE Applications

Search by Date of Service:
From: * 05/05/2015 To: * 05/19/2015

Status: Select One
Last Name:
PE Tool: Select One

PE Application Date	First Name	Last Name	PE Tool	User Role	Status	Submit By Date
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Click the Search button when all of the criteria has been entered.

Presumptive Eligibility Tool ILT: PW and CH

Lesson 6: Administrative Features > My PE Applications

When more than one result is returned, arrows or carets located in the column headers can be used to redisplay the data from bottom to top and vice versa.

My PE Applications

Search by Date of Service:
 From: * 05/05/2015 To: * 05/19/2015
 Status: Select One
 Last Name:
 PE Tool: Select One

PE Application Date	First Name	Last Name	PE Tool	User Role	Status	Submit By Date
05/16/2015	Sunny	Day	AD	PE-QE SuperUser	Denied	05/16/2015
05/06/2015	Rose	Lane	CH	PE-QE SuperUser	APPROVED	05/06/2015
05/06/2015	Merry	Thyme	PG	PE-QE SuperUser	Approved	05/06/2015

Presumptive Eligibility Tool ILT: PW and CH

Wrap up

In this course, we learned about:

- Goals of Presumptive Eligibility
- Basics of the PE Tool
- PE for Pregnant Woman Tool
- PE for Children Tool
- Medical Consumer Self-Service Portal
- Various Administrative Features in the Tool



Presumptive Eligibility Tool ILT: PW and CH Questions

If you have further questions regarding the Presumptive Eligibility program, please email them to Training@KEES.KS.gov .

